COPY

Premier Health Care, LLC

CN1608-027

August 1, 2016

Melanie M. Hill
Tennessee Health Services and Development Agency
Andrew Jackson State Office Building, 9th Floor
500 Deadrick Street
Nashville, TN. 37243

RE: CON Application Submittal
Premier Health Care, LLC – New Agency
Principal Office in Bartlett, Tennessee, Shelby County

Dear Mrs. Hill

Enclosed is an original and two copies of Premier's application. The affidavit and filing fees are also enclosed.

I am the contact person for this project. Please advise me of any additional information you may need. We look forward to working with the Agency on this project.

Respectfully,

Catondria Brown

2855 Stage Village Cove, Suite # 5, Bartlett, TN. 38134

premierha@att.net

Office: 901-388-2228 Fax: 901-388-2219

PREMIER HEALTH CARE, LLC CERTIFICATE OF NEED APPLICATION TO ESTABLISH A MEDICARE-CERTIFIED HOME HEALTH AGENCY TO PROVIDE PRIVATE DUTY NURSING SERVICES

Bartlett, TN. Shelby County Filed August 2016

1.	Name of Facility, Agency, or Institution	a d	
	Premier Health Care, LLC		
	Name		
	2855 Stage Village Cove, Suite # 5		Shelby
	Street or Route		County
	Bartlett	Tennessee	38134
	City	State	Zip Code
2.	Contact Person Available for Response	s to Questions	
	Catondria Brown		Chief Financial Officer
	Name		Title
	Premier Health Care, LLC		tonismithphc@yahoo.com
	Company Name	-	Email address
1	2855 Stage Village Cove, Suite # 5	Bartlett	TN38134
	Street or Route	City	State Zip Code
	Owner	901-388-2228	901-388-2219
	Association with Owner	Phone Number	Fax Number
3.	Owner of the Facility, Agency or Institut	tio <u>n</u>	
	Catondria Brown		901-388-2228
	Name		Phone Number
	2855 Stage Village Cove, Suite # 5		Shelby
	Street or Route	_	County
	Bartlett	Tennessee	38134
	City	State	Zip Code
4.	Type of Ownership of Control (Check O	ne)	
	A. Sole Proprietorship B. Partnership C. Limited Partnership D. Corporation (For Profit) E. Corporation (Not-for-Profit)	 G. Political S H. Joint Ven I Limited Li 	ent (State of TN or Subdivision) ture ability Company cecify)

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

_	Viceo		898					
5.	Nan	ne of Management/Operating Er	<u>ntity (</u> If Ap	plic	able)	N/A		
	Nam	ne						_
	Stre	et or Route	H-13/1 (c)			2	County	
	City			Sta	ate	:	Zip Code	-
		ALL ATTACHMENTS AT THE						RAND
6.	Leg	al Interest in the Site of the Inst	itution (C	heck	k One)		- 4, 1	
	A. B. C.	Ownership Option to Purchase Lease of 3 Years	<u>X</u>	D. E.		to Leas (Specify		
		ALL ATTACHMENTS AT THE ERENCE THE APPLICABLE ITE						R AND
7.	Тур	e of Institution_(Check as appro	opriaten	ore	than o	ne resp	onse may apply)	
	A. B. C. D. E. F. G.	Hospital (Specify)Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty ASTC, Single Specialty Home Health Agency Hospice Mental Health Hospital Mental Health Residential Treatment Facility Mental Retardation Institutional Habilitation Facility (ICF/MR)	<u>x</u>	I. J. K. L. M. N. O. P.	Outpar Recup Rehab Reside Non-R Facility Birthin Other (Speci	eration contial Hotelitation contial Hotelitation g Cente Gutpatic fy) (Specify	gnostic Center Center Facility ospice al Methadone r ent Facility	
8.	Pur	oose of Review (Check) as appr	-)
	A. B. C. D.	New Institution Replacement/Existing Facility Modification/Existing Facility Initiation of Health Care Service as defined in TCA § 68-11-1607(4) (Specify) Home Health	<u>x</u>	G. H.	[Please by und respon Design Conve Chang	e note the lerlining to se: Increation, De ration, Re se of Loc		
	E. F.	Discontinuance of OB Services Acquisition of Equipment		ī.	Other —	(Specify)	

9.		Complement Data N/A ase indicate current and proj	posed distr	ibution a	nd certif	ication o	f facility bed	ts.
				Current L	The second contract of	Staffed Beds	Beds Proposed	TOTAL Beds at Completion
	A.	Medical						
	B.	Surgical						
	Ç.	Long-Term Care Hospital						
	D.	Obstetrical				1000		
	E.	ICU/CCU					200000	200-2004
	F.	Neonatal						
	G.	Pediatric						
	H.	Adult Psychiatric						
	1.	Geriatric Psychiatric						
	J.	Child/Adolescent Psychiatric						
	K.	Rehabilitation						
	L.	Nursing Facility (non-Medicaid (Certified)					
	M.	Nursing Facility Level 1 (Medic	aid only)				XXXXX	
	N.	Nursing Facility Level 2 (Medic	are only)					
	Ο.	Nursing Facility Level 2 (dually certified Medicaid/Medicare	e)					· · · · · · · ·
	P.	ICF/MR						
	Q.	Adult Chemical Dependency						
	R.	Child and Adolescent Chemic Dependency	al					
	S.	Swing Beds						
	Т.	Mental Health Residential Tre	atment					
	U.	Residential Hospice				· · · · · · · · · · · · · · · · · · ·	+	-
		TOTAL						-
		*CON-Beds approved but not yet is	n service				-	
10.	IV	edicare Provider Number	To be a	applied fo	r			
		Certification Type	Home Hea	lth				
11.	W	edicaid Provider Number	To be ap	plied for				
		Certification Type	Home Hea	lth				
12.	lf	this is a new facility, will cer	tification be	e sought	for Medi	icare and	or Medicaio	1? achment A 12
13.	(#	lentify all TennCare Managed ICOs/BHOs) operating in the eatment of TennCare particip lentify all MCOs/BHOs with w	proposed pants?	service a	area. Wil respons	I this pro e to this i	th Organiza ject involve tem is yes,	tions the please

See attachements for A.12 & A.13

A.12. IF THIS IS A NEW FACILITY, WILL CERTIFICATION BE SOUGHT FOR MEDICARE AND/OR MEDICAID?

It is a purposed new home health agency. Certification will be sought for Medicare. Premier Health Care has certification with TennCare/Medicaid which was first obtained in 2009.

A.13. IDENTIFY ALL TENNCARE MANAGED CARE ORGANIZATIONS/BEHAVIORAL HEALTH ORGANIZATIONS (MCOs/BHOs) OPERATING IN THE PROPOSED SERVICE AREA. WILL THIS PROJECT INVOLVE THE TREATMENT OF TENNCARE PARTICIPANTS? YES, IF THE RESPONSE TO THIS ITEM IS YES, PLEASE IDENTIFY ALL MCOs/BHOs WITH WHICH THE APPLICATION HAS CONTRACTED OR PLANS TO CONTRACT.

DISCUSS ANY OUT-OF-NETWORK RELATIONSHIPS IN PLACE WITH MCOs/BHOs IN THE AREA.

Premier Health Care, LLC is currently a licensed Personal Support Services Agency. We are located in Bartlett, TN. Our existing agency contracts with all available MCOs in Shelby, Fayette, and Madison Counties. The payor mix is approximately 25% TennCare. This proposed home health agency will seek contracts with all MCOs active in the proposed service areas. The MCOs for the project service are shown in Table One below.

Table One: Contractual Relationships with Service Area MCOs

Available TennCare MCOs	Applicant's Relationship
AmeriGroup	Contracted
United Community Healthcare Plan	Contracted
BlueCare/TennCare	Contracted

NOTE: Section B is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. Section C addresses how the project relates to the Certificate Of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. <u>Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.</u>

SECTION B. PROJECT DESCRIPTION

Please answer all questions on 8 ½ x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question9s) to which they refer. If a particular question does not apply to your project, indicate "NOT Applicable (NA)" after that question.

B.1. PROVIDE A BRIEF EXECUTIVE SUMMARY OF THE PROJECT NOT TO EXCEED TWO PAGES. TOPICS TO BE INCLUDED IN THE EXECUTIVE SUMMARY ARE A BRIEF DESCRIPTION OF PROPOSED SERVICES AND EQUIPMENT, OWNERSHIP STRUCTURE, SERVICE AREA, NEED, EXISTING RESOURCES, PROJECT COST, FUNDING, FEASIBILITY AND STAFFING.

Proposed Services and Equipment

- Premier Health Care, LLC is a provider of personal care services (non-medical services) in Shelby, Fayette and Madison Counties. Approximately 25% of its services are delivered to TennCare patients. Approximately 75% of its services are delivered to U.S. Veterans. Premier Health Care is contracted with the VA Medical Centers in Memphis, Jackson, and Nashville, Tennessee. Premier proposes to establish a home health agency to serve five West Tennessee counties (Fayette, Haywood, Madison, Shelby and Tipton), through a principal office in Bartlett, TN. Premier plans to open an office in Madison county as patient volumes in the area increase.
- Home Health services are provided as either "visits" (reimbursed at a flat rate) or "hours" (reimbursed hourly). Premier will not market in the traditional manner in which most home health agencies do. Traditional home health agencies market "visits". Premier proposes to provide private duty hourly care to TennCare, pediatric patients and medically complex patients. Premier proposes a 90% TennCare payor mix for the new home health services.
 - (a). 55% of all pediatric cases served in 2015 (396 of 713) were served by three companies
 - (b). There are currently only seven (7) of the 28 companies who service the five proposed counties that provide private duty nursing to pediatric patients.
 - (c). Only two (2) of seven companies who provide private duty nursing services to pediatric patients have a 90% TennCare payor mix.
 - (d). Premier plans to service sixteen (16) patients during the first year which would be approximately 1/15 of 1% of the total patients served in the proposed counties.
- Premier's private duty patients will be both TennCare and commercially insured patients who's needs are greater than the typical daily one to two hour visits. Typically, home health visits consists of 1-2 hours of physical, occupational, and/or speech therapy in conjunction with medication administration. While, Premier's private duty services can include up to twenty four hours of continuous skilled care, personal and attendant care by skilled nurses and aides. Private duty care includes care for patients with

infectious disease disorders and/or disabilities. Premier plans to provide complex IV therapy, and care for patients with neurological, orthopedic, renal, blood and immunologic disorders.

• Premier Health Care seeks an unrestricted home health agency license. Although Premier Health Care proposes less than 1% of its visits will be to Medicare patients, the company will seek a Medicare provider number which is a TennCare requirement.

Ownership Structure

• Premier Health Care is a limited liability corporation. The Chief Financial Officer is Catondria Brown who owns 100% of the company. It has provided personal support services (which includes personal and attendant care) in Tennessee (Fayette, Madison and Shelby counties) for more than 8 years.

Service Area

• The service area shall include Fayette, Haywood, Madison, Shelby and Tipton counties.

Need and Existing Resources

- There are currently seven (7) agencies throughout the proposed 5 West Tennessee counties which provide private duty services to pediatric patients. Approximately 78% of all private duty pediatric patients were served by only three of the seven agencies who provide pediatric private duty services. Premier has a staff of nurses with clinical experience who assess its patients through the VA Medical Center. Some agencies who provide private duty services may not be staffed sufficiently to provide care for patients whose needs exceed 1-2 hours daily or during holidays and weekends. Premier has been a successful provider of home health aide services because of competent staffing and availability to serve patients 7 days / week, 365days a year.
- Healthcare professionals such as nurses, social workers practicing at care facilities, The Muscular Dystrophy Association, and UT LeBonheur Pediatric Specialists in Memphis, TN. and the VA Medical Center have submitted support letters that express the need for quality skilled private duty nursing. The resources are not adequate to meet the need for private duty care and pediatric care.
- There are 28 home health agencies providing services in the 5 proposed counties. Seventeen agencies provide pediatric care. Last year, eleven agencies served no pediatric patients, and six agencies served 5 or fewer pediatric patients.
- The competitive impact of another agency will be minimal. First, Premier will not provide care for Medicare patients in this area. Medicare is a large part of most agency's payor mix. Second, Its 25 patients in the second year is approximately 1/10 of 1% of the 24,000+ home health patients served in this area last year. Third, Premier Health Care, LLC as an established home agency has no capital debt, no construction costs, no major equipment is involved and pay staff only as they are needed. It is feasible and in the public interest for patients and their families to have different options when choosing care for loved ones with various illnesses and/or disabilities. This project will give families with TennCare and commercial insurance more options, opportunities and access to quality care.

Project Cost, Funding, and Financial Feasibility

• The costs associated with this project are for leasing, (existing office with existing 3 year lease) a principal administrative office in Bartlett, TN (Shelby County). The cost for CON purposes is \$50,000 of which \$15,000 is the actual cash requirement (the balance includes the existing lease). All cost will be funded by the applicant. The service is projected to be financially feasible in its first year of operation.

Staffing

- In year one Premier will employ 23 field staff which consists of 6 RN's, 2 LPN's, and 15 Home Health Aides to serve patients in their homes and 5 supervisory and office personnel in the principal office.
- B. II. PROVIDE A DETAILED NARRATIVE OF THE PROJECT BY ADDRESSING THE FOLLOWING ITEMS AS THEY RELATE TO THE PROPOSAL.
- B. II, A. DESCRIBE THE CONSTRUCTION, MODIFICATION AND/OR RENOVATION OF THE FACILITY (EXCLUSIVE OF MAJOR MEDICAL EQUIPMENT COVERED BY T.C.A. 68-11-1601 et seg) INCLUDING SOARE FOOTAGE, MAJOR OPERATIONAL AREAS, ROOM CONFIGURATION, ETC. APPLICANTS WITH HOSPITAL PROJECTS (CONSTRUCTION COST IN EXCESS OF \$ 5 MILLION) AND OTHER FACILITY PROJECTS (CONSTRUCTION COSTS IN EXCESS OF \$ 2 MILLION) SHOULD COMPLETE THE SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART. UTILIZING THE ATTACHED CHART, APPLICANTS WITH HOSPITAL PROJECTS SHOULD COMPLETE PARTS A-E. BY IDENTIFYING AS APPLICABLE NURSING UNITS, ANCILLARY AREAS. AND SUPPORT AREAS AFFECTED BY THIS PROJECT. PROVIDE THE LOCATION OF THE UNIT/SERVICE WITHIN THE EXISTING FACILITY ALONG WITH CURRENT SQARE FOOTAGE, WHERE, IF ANY, THE UNIT/SERVICE WILL RELOCATE TEMPORARILY DURING CONSTRUCTION AND RENOVATION, AND THEN THE LOCATION OF THE UNIT/SERVICE WITH PROPOSED SQUARE FOOTAGE. THE TOTAL COST PER SQUARE FOOTAGE SHOULD PROVIDE A BREAKOUT BETWEEN NEW CONSTRUCTION AND RENOVATION COST PER SQARE FOOTAGE. OTHER FACILITY PROJECTS NEED ONLY COMPLETE PARTS B. – E. PLEASE ALSO DISCUSS AND JUSTIFY THE COST PER SQAURE FOOT FOR THIS PROJECT.

Not Applicable.

If the project involves none of the above, describe the development of the proposal.

Facility Development

The principal office for Premier is a leased space in a commercial office building located at 2855 Stage Village Cove, Suite # 5 in Bartlett, TN, in Shelby County. The office is 550 square feet. It consists of a reception and waiting area, 2 private offices and a large work area, a copy and fax area and space for medical records and files.

The office staff shall consist of an Administrator, an RN supervisor, a Staff Coordinator, a

recruiter, and payroll personnel. The field staff will consist of an estimated six (6) RN's, two (2) LPN's and 15 Home Health Aides.

• There are no construction costs for this project.

Project Cost and Funding

The project for CON purposes is estimated at \$50,000 (which includes the existing office fair market value of \$35,000). \$15,000 is the actual cash requirement. The applicant has sufficient cash and operating reserves to fund the total cost of the project.

Implementation and Operation

If granted CON approval Premier shall be operational by March, 2017. It shall provide services 24 hours daily throughout the year including all Holidays.

Services Provided

Premier Health Care, LLC provides non-medical care and RN nursing assessments and shall provide skilled medical and non-medical care, private duty nursing, RN nursing assessments, Infusion therapy, medication/injection training, and disease management instruction, assistance with daily living activities, respite and/or companion care, personal care, attendant care available 24/7 and other home care services. The company proposes to provide services to adult and pediatric patients younger than 65 years of age with a 90% TennCare payor mix throughout the proposed counties in Tennessee.

The Company

Premier Health Care, LLC is a health care agency which provides non-medical care and RN assessments for 8 ½ years in Shelby, Fayette and Madison counties. Its principal office is located at 2855 Stage Village Cove, Suite # 5, Bartlett, TN. 38134.

Included is a map which illustrates the 5 counties in West Tennessee which Premier Health Care, LLC proposes to provide services. See Attachment B.II – Service Area Maps

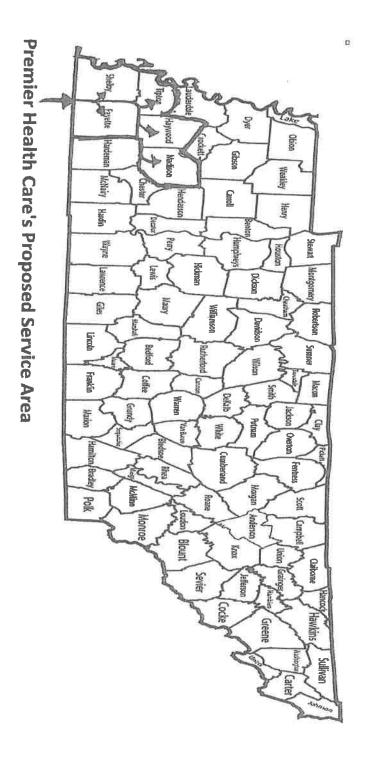
B(II).B. IDENTIFY THE NUMBER AND TYPES OF BEDS INCREASED, DECREASED, CONVERTED, RELOCATED, DESIGNATED, AND/OR REDISTRIBUTED BY THIS APPLICATION. DESCRIBE THE REASONS FOR CHANGE IN BED ALLOCATIONS AND DISCRIBE THE IMPACT THE BED CHANGE WILL HAVE ON THE EXISTING SERVICES.

Not Applicable. This is not an inpatient facility.

N/A

SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART

-	-	-		-	-	 -	-	-	 -	_	-	_	-			 	 	 		
16	Total	Section of Supplemental														を変しいのでは				
Proposed Final Cost/ SF	New																			
	Renovated		100000000000000000000000000000000000000																	
_ o	Total																			
Proposed Final Square Footage	New																			
Propo Squar	Renovated																			
Proposed	Location																			
Temporary	Location																			
Existing	r v																			
Existing	Location																			
A. Unit / Department																	B. Unif/Depart. GSF Sub-Total	C. Mechanical/ Electrical GSF	D. Circulation /Structure GSF	E. Total GSF



- C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

 Please see attached page B II. C
 - 1. Adult Psychiatric Services
 - 2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
 - 3. Birthing Center
 - 4. Burn Units
 - 5. Cardiac Catheterization Services
 - 6. Child and Adolescent Psychiatric Services
 - 7. Extracorporeal Lithotripsy
 - 8. Home Health Services X
 - 9. Hospice Services
 - 10. Residential Hospice
 - 11. ICF/MR Services
 - 12. Long-term Care Services
 - 13. Magnetic Resonance Imaging (MRI)
 - 14. Mental Health Residential Treatment
 - 15. Neonatal Intensive Care Unit
 - 16. Non-Residential Methadone Treatment Centers
 - 17. Open Heart Surgery
 - 18. Positron Emission Tomography
 - 19. Radiation Therapy/Linear Accelerator
 - 20. Rehabilitation Services
 - 21. Swing Beds
- D. Describe the need to change location or replace an existing facility. Not applicable
- E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of \$1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following: Not Applicable
 - 1. For fixed-site major medical equipment (not replacing existing equipment):
 - a. Describe the new equipment, including:
 - 1. Total cost ;(As defined by Agency Rule).
 - 2. Expected useful life;
 - 3. List of clinical applications to be provided; and
 - 4. Documentation of FDA approval.
 - b. Provide current and proposed schedules of operations.
 - 2. For mobile major medical equipment:
 - a. List all sites that will be served:
 - b. Provide current and/or proposed schedule of operations;
 - c. Provide the lease or contract cost.
 - d. Provide the fair market value of the equipment; and
 - e. List the owner for the equipment.
 - 3. Indicate applicant's legal interest in equipment (i.e., purchase, lease, etc.) In

B.II. C. AS THE APPLICANT, DESCRIBE YOUR NEED TO PROVIDE THE FOLLOWING HEALTH CARE SERVICES (IF APPLICABLE TO THIS APPLICATION)

Premier Health Care provides non-medical home care such as home health attendant care and personal care, (assisting patients with daily living activities) respite care and other home care services to TennCare patients and to Veterans in Shelby, Fayette and Madison counties. Premier is seeking approval to provide private duty nursing services to five counties in West Tennessee (Shelby, Fayette, Madison, Tipton and Haywood counties). Our focus is to provide private duty nursing to children, adolescent and adult TennCare patients of the ages 0- 64 with complex medial needs. Such cases are non-Medicare cases. For many agencies a large portion of revenue comes from Medicare.

There is a need for more of this "niche" care in West Tennessee. There is a growing need for agencies who can provide 24 hour / 365-day care which have adequate skilled staff to care for patients with complex needs. Please see attachments for references of the growing need for these services including one from The Muscular Dystrophy Association in Memphis, TN. and one from UT LeBonheur Pediatric Specialists Clinical Nurse Coordinator.

Premier recognizes that health care professionals have an increased need for services of this type for their patients. Please see the attached letter for reference of TennCare expressed need for additional providers of skilled nursing from the Ancillary Network Manager of BlueCross Blueshield of TN.

There is room for a small agency such as Premier because there are currently seven (7) agencies throughout the proposed 5 West Tennessee counties which provide private duty services to pediatric patients. Approximately 78% of all private duty pediatric patients were served by only three of the seven agencies who provide pediatric private duty services. Premier has a staff of nurses with clinical experience who provide RN assessments to its patients through the VA Medical Center. Some agencies who provide private duty services may not be staffed sufficiently to provide care for patients whose needs exceed 1-2 hours daily or during holidays and weekends.

TennCare service enrollment is approximately 28% of the population. TennCare services are limited in the proposed service area. Fifteen of the twenty eight agencies reported no TennCare revenue/participation; Of the thirteen companies which have a TennCare payor mix, six agencies reported under 20% of the payor mix from Tenncare and only two agencies have the 90% payor mix that Premier proposes.

The competitive impact of another agency will be minimal. First, Premier will not provide care for Medicare patients in this area. Medicare is a large part of most agency's payor mix. Second, Its 16 patients in the first year is approximately 1/15 of 1% of the 24,000+ home health patients in this area last year. Its 25 patients in the second year is approximately 1/10 of 1% of the 24,000+ home health patients served in this area last year. Third, Premier Health Care, LLC as an established home agency has no capital debt, no construction costs, no major equipment is involved and pay staff only as they are needed. It is feasible and in the public interest for patients and their families to have different options when choosing care for loved ones with various illnesses and/or disabilities. This project will give families with TennCare and commercial insurance more options, opportunities and access to quality care.

B.II.D. DESCRIBE THE NEED TO CHANGE LOCATION OR REPLACE AN EXISTING FACILITY.

Not Applicable.

B.II.E. DESCRIBE THE ACQUISITION OF ANY ITEM OF MAJOR MEDICAL EQUIPMENT (AS DEFINED BY THE AGENCY RULES AND THE STATUTE WHICH EXCEED A COST OF \$1.5 MILLION: AND/OR IS A MAGNETIC RESONANCE IMAGING SCANNER (MRI), POSITRON EMISSION TOMOGRAPHY (PET) SCANNER, EXTRACORPOREAL LITHOTRIPTER AND/OR LINEAR ACCELERATION BY RESPONDING TO THE FOLLOWING:

- 1. For fixed site major medical equipment (not replacing existing equipment):
 - a. Describe the new equipment, including:
 - 1. Total Cost (As defined by Agency Rule):
 - 2. Expected Useful Life:
 - 3. List of clinical application to be provided; and
 - 4. Documentation of FDA approval.
- 2. For mobile major medical equipment:
 - a. List all sites that will be served:
 - b. Provide current and/or proposed schedule of operations;
 - c. Provide the lease or contract cost:
 - d. Provide the fair market value of the equipment; and
 - e. List the owner for the equipment
- 3. Indicate applicant's legal interest in equipment (e.g., purchase, lease, etc.) In the case of equipment purchase, include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Not applicable to this project.

B.III.A – ATTACH A COPY OF THE PLOT OF THE SITE ON AN 8-1/2" X 11" SHEET OF WHITE PAPER WHICH MUST INCLUDE:

- 1. SIZE OF SITE (In acres):
- 2. LOCATION OF STRUCTURE ON THE SITE
- 3. LOCATION OF THE PROPOSED CONSTRUCTION; AND
- 4. NAMES OF THE STREETS, ROADS, OR HIGHWAYS THAT CROSS OR BORDER THE SITE.

PLEASE NOTE THAT THE DRAWINGS DO NOT NEED TO BE DRAWN TO SCALE. PLOT PLANS ARE REQUIRED FOR ALL PROJECTS.

SEE ATTACHMENT B.III.A

B. III. B. 1 DESCRIBE THE RELATIONSHIP OF THE SITE TO PUBLIC TRANSPORTATION ROUTES, IF ANY, AND TO ANY HIGHWAY OR MAJOR ROAD DEVELOPMENTS IN THE AREA. DESCRIBE THE ASSESSIBILITY OF THE PROPOSED SITE TO PATIENTS/CLIENTS.

Staff nurses and home health aides who provide services will live throughout the service area. The agency office in Bartlett, TN., is with in 20 minutes to 1.5 hours commute of all major communities in the service area. See Table below. Great access is available from Shelby County via Interstates and Highways:

- To Fayette County via US 64 W, and I-40W
- To Haywood County via I-40 W
- To Madison County via I-40 W
- To Tipton County via TN 14 S

	and Drive Times Between		T
	2855 Stage Village Cove, Ba		
And Major	Communities in the propos	sed 5-County Service Ar	ea
Community	Tennessee County	Distance in Miles	Drive time in Minutes
Somerville	Fayette	29.0	41 min.
Brownsville	Haywood	49.0	52 min.
Jackson	Madison	73.0	75 min
Covington	Tipton	31.0	41 min
Memphis	Shelby	14.5	21 min.
Millington	Shelby	12.9	21 min.

Source: Google Maps, June, 2016

B. IV. ATTACH A FLOOR PLAN DRAWING FOR THE FACILITY WHICH INCLUDES PATIENT CARE ROOMS (NOTING PRIVATE OR SEMI-PRIVATE), ANCILLARYAREAS, EQUIPMENT AREAS, ETC. ON AN 8 ½ X 11' SHEET OF WHITE PAPER.

NOTE: DO NOT SUBMIT BLUEPRINTS. SIMPLE LINE DRAWINGS SHOULD BE SUBMITTED AND NEED NOT TO BE DRAWN TO SCALE.

See attachment B.IV.

V. FOR A HOME CARE ORGANIZATION, identify

1. EXISTING SERVICE AREA (BY COUNTY):

None. This is for a new home care.

2. PROPOSED SERVICE AREA BY COUNTY

Fayette, Haywood, Madison, Shelby and Tipton

3. A PARENT OR PRIMARY SERVICE PROVIDER:

None

4. EXISTING BRANCHES AND/OR SUBUNITS:

None

5. PROPOSED BRANCHES AND/OR SUBUNITS:

Premier proposes a branch office in Madison County as patient volumes predicate.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with Tennessee Code Annotated 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three criteria are further defined in Agency Rule 0720-4.01. Further standards for guidance are provided in the State Health Plan (Guidelines For Growth), developed per suant to Tennessee Code Annotated 69-11-1625.

The following questions are listed according to the three criteria; (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodology when appropriate. Please type each question and its response on a 8 ½ x 11" white paper. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

C. (1) NEED

CI.

DESCRIBE THE RELATIONSHIP OF THIS PROPOSAL TO THE IMPLEMENTATION OF THE STATE HEALTH PLAN IN <u>TENNESSEE'S HEALTH</u>: GUIDELINES FOR GROWTH.

- a. PLEASE PROVIDE A RESPONSE TO EACH CRITERION AND STANDARD IN CON CATEGORIES THAT ARE APPLICABLE TO THE PROPOSED PROJECT. DO NOT PROVIDE RESPONSES TO GENERAL CRITERION AND STANDARDS (PAGES 6-9) HERE.
- b. APPLICATIONS THAT INCLUDE A CHANGE OF SITE FOR A HEALTH CARE INSTITUTION, PROVIDE A RESPONSE TO GENERAL CRITERION AND STANDARDS. (4) (2-c).

Guidelines for Growth 2000 Project-Specific Guidelines Home Health Services

- a.1. The need for home health agencies/services shall be determined on a county by county basis.
- a.2. In a given county, 1.5 percent of the total population will be considered as the need estimate for the home health services in that county. The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.
 - a.3. Using recognized population sources, projections for four years into the future will be used.
 - a.4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

According to the Tennessee Joint Annual Report of Home Health Agencies -2014 Final comparison of Population Based Need Projection vs. Actual Utilization (2019 vs, 2014), existing agency capacity will exceed area needs by 7,098 patients in 2019.

- It is our opinion the current need formula may underestimate the need for home health services. Age factors are not taken into consideration. Patients who are sixty five and older would more than likely require more care than those under the age of sixty five. The ability for existing agencies to provide services for the growing population would be another criteria to consider.
- The Certificate of Need requirement does not cover non-medical services yet in the Joint Annual Report such services are calculated and included to record the "patients served" for each agency. Non- home health services cover up to 30% or more of an agency's total hours. Also, we believe that using patient numbers instead of actual hourly units utilized may result in seeing a larger number of services used.
- In summary, we believe the current formula may underestimate the need for home health services.

C.1. – NEED

- a.5. Documentation from referral sources:
- (a). The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

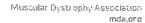
Please find attached letters of support from several health care professionals who make home health referrals. The letters indicate that this proposed agency is needed and would receive referrals.

The letter from The Muscular dystrophy Association is from the Senior Family Services and Clinic Coordinator for the Memphis, TN area. Ashley Quimby, RN, BSN is the Muscular Dystrophy Association Clinic Nurse Coordinator at UT LeBonheur Children's Hospital. She writes about the need for skilled nursing care within the muscular dystrophy population which includes a wide range of pediatric and adult diagnoses.

Marilyn Bonner, RN is a Nurse Manager in Care Coordination for the VA Medical Center in Memphis. She expresses, "It is often difficult to secure infusion services for our veterans due to limited resources in the community. We have had challenges getting home health agencies to service our patients on the weekends and holidays especially.'

Phillip S. Morrison, Ancillary Network Manager for BlueCross BlueShield of TN – (TennCare) writes, "We are currently accepting new providers for Home Health skilled nursing statewide. There is a need for additional health providers in the Shelby County area."

All letters are attached following this page.





July 7, 2016

Dear Toni Smith,

My name is Nicole Petrouski and I serve as the Senior Family Services and Clinical Coordinator for the Muscular Dystrophy Association which covers Western TN, Eastern Arkansas and Mississippi.

Many of our families are in need of a quality homecare provider specifically private duty nursing for hourly care. Our families have a wide range of neuromuscular diseases in which require different levels of care. Currently our MDA office in Memphis serves over 1600 people in the Memphis area and in the entire state of Mississippi with muscle disease.

I would like to support the Premier Health Care application for Certificate of Need for Shelby, Fayette, Tipton, Haywood and Madison counties in West Tennessee. They are a well-respected, quality provider of attendant care and personal care in Shelby, Fayette and Madison counties. I am confident they will provide the same quality of care to our patients in the future.

Thank you,

Nicole Petrouski

npotrout ki@mdausa.org

901 748 3035 501 748 0485 3149 Players Glub Parkway Memphis, TN 38126



DEPARTMENT OF VETERANS AFFAIRS Medical Center 1030 Jefferson Avenue Memphis TN 38104

In Reply Refer To:

To Whom It May Concern:

It is my pleasure to write this letter of recommendation for Catondria Brown and Premier Health Care Agency. I have known and worked with Ms. Brown for more than eight years. Her company provides services to the Veterans Administration Medical Center (VAMC), Memphis Homemaker/Home Health Aide Program.

I have found Ms. Brown to be professional in her dealings with the VA staff as well as with our veteran population with which she serves. In addition, she is a woman of good character and is committed to providing high quality service. She has a passion for serving others and it shines through in the manner in which she conducts business. Ms. Smith responds to and assigns staff to the referrals that we send to her in a timely manner. The veterans report that they are highly satisfied with the services that are provided by Premier.

Ms. Brown has an excellent staff working with and for her. They are reliable, dedicated, and works diligently to meet client needs. This is as a result of the excellent leadership of Ms. Brown.

Premier Health Care consistently performs exceptionally well in VAMC agency reviews. We are fortunate to be able to work with such an agency.

I recommend Ms. Brown without reservations and am confident that she will be an asset to your team. Please let me know if you have any further questions or need additional information.

Sincerely

Rita B. Range, MSW, LCSW Supervisory Social Worker



Hi. Toni. The Private Duty nursing service that you mentioned that will take Medicare and Medicaid is really needed and will benefit my patients. Currently it is extremely hard to find skilled nursing for my Medicaid patients and that is the majority of my caseload.

Errect Ford, Lest!
Delta Medical Center
3000 Getwell Road
Memplus TN 38118
poorf, 369-8547
(1901) 369-6075
Ligidal deltamedeente teem

The best way out is always through. Robert Frost

80.00 Getwell Road • Hemphis, T. \ 88118 • 901.869.8900 www.Delta. Ned Centercom

UT Le Bonheur Pediatric Specialists



m UNIVERSITIWTENNESSEE

June 9, 2016

To whom it may concern:

There is a need for skilled home nursing care within the muscular dystrophy patient population. The muscular dystrophy population includes a wide range of pediatric and adult diagnoses that can require total care, hospice care and respite care for caregivers.

Ashley Quimby, RN, BSN

MDA Clinic Nurse Coordinator

Department of Neurology 848 Adams, Suite L400 Memphis, Tennessee 38102 7/7/2016

Print

Subject: Home Health Services

From: Morrison, Phillip (Phillip_Morrison@BCBST.com)

To: premierha@att.net;

Date: Wednesday, May 25, 2016 10:34 AM

We are currently accepting new providers for Home Health Skilled Nursing Services statewide. There is a need for additional home health providers in the Shelby County area. Contracts can be offered as long as meets our credentialing requirements.

1) TN: Licensed as a Home Health Provider

Other States: Licensed in accordance with that state's licensing laws

- 2) Not currently sanctioned by Medicare/Medicaid
- 3) \$1 million/\$3 million Malpractice
- 4) Medicare Part A
- 5) CLIA certificate, if applicable
- 6) TJC or CHAP or AAAHC, collect but not required
- 7) If not accredited, copy of state or CMS site audit
- 8) General Liability Insurance
- 9) History of federal and/or state sanctions (Medicare, Medicaid, or TennCare)
- 10) An attestation to the correctness and completeness of the application

Phillip Morrison

Phillip S Morrison

Ancillary Network Manager

BlueCross BlueShield of TN

3200 West End Avenue, Suite 102

Nashville, TN 37203

P#: 615-760-8711

about:blank

7/7/2016

Print

Subject: Infusion services

From: Bonner, Marilyn L. (Marilyn.Bonner@va.gov)

To:

premierha@att.net;

Date:

Wednesday, May 25, 2016 10:31 AM

To Whom it may concern,

In dealing with the community referrals, our department it is often difficult to secure infusion services for our veteran due to limited resources in the community. We have had challenges getting home health agencies to service our patients on the weekends and holidays especially. Any additional resources to help resolve these issues would be greatly appreciated. These resources would help decrease length of stays in this hospital as well as in the community.

Marilyn L Bonner RN

Nurse Manager

Care Coordination-Memphis

901-523-8990 ext 5383

Fax: 901-302-3570

The smallest act of kindness is worth more than the grandest intention

Oscar Wilde

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about:blank

C.1. - NEED

5.b. The applicant shall provide information indicating the type of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

Table: 3 below illustrates Premier's estimate of its Year One composition from a clinical

perspective.

Estimated Year One Composition of Cases By Clinical Need
Premier Health Care Services

Type of Patient	Number - (%)
Neurological *	6-38%
Cardiovascular	2 – 12%
Respiratory	2-12%
Other *	6 – 38%
Total Projected Patients, Year One	16- (100%)

Percentages and patient numbers rounded

- Neurological traumatic brain injury, quadriplegic, paraplegic and others.
- Other Muscular Dystrophy, seizure disorder, gastrointestinal disease and other conditions.

5.c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

Please see letters provided in response to criterion 5a above.

5d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

Premier will specialize in private duty, non-Medicare, hourly care for patients with multiple needs, especially pediatric patients. Premier's payor mix will be 90% TennCare. Of the 28 agencies authorized for one or more of the counties in the proposed service area, few are dependent on these "niche" services. The following table will illustrate how the differences.

C.1.a.5.(d).- NEED

Many Agencies Authorized for the West Tennessee Area Do Not Serve TennCare patients.

- Premier proposes a 90% TennCare payor mix which is higher than most of the authorized agencies in the 5 proposed West Tennessee counties.
 - Only 2 of the authorized agencies offer a payor mix of 90%.
 - 15 of the 28 authorized agencies reported 0 TennCare revenue/participation.
 - 6 agencies reported under 20% TennCare revenue. (Please see Table Below)

Few Authorized Agencies Provide Significant Pediatric Care

- 50% of Premier's caseload will consist of pediatric patients.
- Only a hand full of authorized agencies in the proposed service area have more than a token amount of pediatric patients.
- 55% of all pediatric patients served by authorized agencies within the 5 proposed counties (396 of 713) were served by only three agencies. (Please see Table Below)

C.1.a. - NEED

Table: 4 Existing Agency Patients and Agency Pediatric Services and Dependence

		Table: 4 Existin	gragemey	1 aucuts a	mu Agene	y i cuiaci	TO DEL ALCES	anu De	репленсе
Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatic patient in Service area as % of Agency Total patients in TN.
19494	Davidson	Eik Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0,28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessec, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care	Pharmacy						
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
79136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
79526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0	0.00%	561	0.00%
		Totals			18,487	674	3.60%	21,823	3.00%

Source: TDH 2015 Joint Annual Reports Registry for Authorized counties: Source: TDH 2015 - Department of Statistical Data

C.1.a. - NEED

Table: 5 2015 TennCare Payor Mix of Agencies Authorized in Services Area

Health Stat. ID	Agency County	Agency Name	Total Gross Revenue	TNCare Gross Revenue	TNCare % of Gross Revenue
19494	Davidson	Elk Valley	\$31,824,839	\$22,851,469	71.80%
19544	Davidson	Home Care Solutions Inc.	\$9,626,513	\$0	0.00%
24026	Fayette	NHC HomeCare	\$2,280,789	\$0	0.00%
24036	Fayette	Where the Heart Is	\$2,344,460	\$250,218	10.67%
57095	Madison	Extendicare Home Health of West Tennessee	\$5,139,289	\$0 /	0.00%
79456	Shelby	Accredo Health Group, Inc.	\$0	S0	0.00%
79466	Shelby	Alere Women's and Children's Health LLC	\$532,931	\$187,059	35.10%
79146	Shelby	Amedisys Home Care	\$3,379,165	\$0	0.00%
79246	Shelby	Amedisys Home Health Care	\$2,560,156	\$0.00	0.00%
79386	Shelby	Amedisys Tennessee, LLC	\$5,994,682	\$0	0.00%
79256	Shelby	Americare Home Health Agency,	\$4,597,317	\$82,434	1.79%
79276	Shelby	Baptist Trinity Home Care	\$8,819,896	SO	\$0.00
79446	Shelby	Baptist Trinity Home Care- Private Pay	\$105,992	SO	\$0.00
79546	Shelby	Best Nurses, Inc	\$587,773	\$34,944	5.95%
79556	Shelby	Coram/CVS Specialty Infusion Service	\$44,285	SO	\$0,00
79206	Shelby	Family Home Health Agency	\$2,429,693	\$708,945	29.18%
79496	Shelby	Functional Independence Home Care, Inc.	\$16,088,606	\$12,524,168	77.84%
0	Shelby	Hemophilia Preferred Care of Memphis	Pharmacy		
79486	Shelby	Home Health Care of West TN	\$13,455,448	\$9,408,321	69.92%
79379	Shelby	HomeChoice Health Services	\$9,939,690.00	\$3,110,466	31.29%
79226	Shelby	Intropid USA Healthcare Services	\$2,631,668	\$0	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	S12,648,142	\$11,875,369	93.89%
79106	Shelby	Meritan, Inc	\$2,517,728	\$361,846	14.37%
79316	Shelby	Methodist Alliance Home Care	\$7,676,244	\$92,400	1.20%
79506	Shelby	No Place Like Home	\$14,336,680	\$13,511,680	94.25%
79136	Shelby	Quality Home Health =Extended	\$4,946,049	53,748,824	75.79%
79526	Shelby	Still Waters Home Health	\$410,000	SO	0.00%
79236	Shelby	Willowbrook Visiting Nurses	\$1,473,079	\$0	0.00%
		Totals	\$157,417,744	\$78,748,143	50.00%

Source: TDH 2015 Joint Annual Reports/ Registry of Authorized Counties

Source: TDH 2015Department of Statistical Data

C.1.a. - NEED

Table: 6
Agencies That Have Private Duty Pediatric Care and Have TennCare Payor Mix

Health Statistics ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Poject's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Gross Revenue	TNCare Gross Revenue	TNCare % of Gross Revenue
19494	Davidson	Elk Valley	74	5	32	15	\$31,824,839.00	\$22,851,469	71.80%
24036	Fayette	Where the Heart Is	3	3	1,044	99	\$2,344,460	\$250,218	10.67%
79496	Shelby	Functional Independence Home	3	3	1,915	169	\$16,088,606	\$12,524,168	77.84%
79486	Shelby	Home Health Care of West TN	4	3	552	9	\$13,455,448	\$9,408,321	69.92%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	\$9,939,690.00	\$3,110,466	31.29%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	\$12,648,142	\$11,875,369	93.89%
79506	Shelby	No Place Like Home	3	3	80	75	\$14,336,680	\$13,511,680	94.25%
		Totals			5,150	491	\$100,637,865	\$73,531,691	73.00%

Source: 2015-TDH Joint Annual Reports Registry for Authorized Counties

Source: TDH - 2015 Statistical Data

C.1.a. - NEED

a.6. The proposed charges shall be reasonable in comparison to the charges of other similar facilities in the proposed service area or in adjoining service areas.

(1). The average cost per visit by service category shall be listed.

Primarily, Premier shall provide private duty hourly services. The services will be provided by skilled nurses and aides. Only seven of the 28 agencies authorize to serve the proposed service area provided

private duty nursing in 2015. The table below shall illustrate the cost and charges for skilled nursing and aide services compared to Premier's projections for its proposed project. "N/R" shall indicate that no data was reported in the JAR report.

Table: 7 Cost & Charge Comparisons with Service Area Agencies That Provide Similar Services

Agency	Cost Per	Visit	Charge P	er Visit	Cost Per	Hour	Charge P	Charge Per Hour		
	Skilled	HH	Skilled	HH	Skilled	HH	Skilled	HH		
	Nursing	Aide	Nursing	Aide	Nursing	Aide	Nursing	Aide		
1	N/R	N/R	\$79	\$40	N/R	N/R	\$35	\$22		
2	60	\$24	\$98	\$40	N/R	N/R	N/R	N/R		
3	N/R	N/R	\$93	\$38	N/R	N/R	N/R	N/R		
4	\$123	\$56	\$121	\$55	N/R	N/R	\$33	\$20		
5	\$108	\$47	\$66	\$20	N/R	N/R	\$15	\$9		
6	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22		
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25		
Premier Proposed Agency 2016- 2017	\$47	\$17	\$80	\$27	\$25	\$11	\$38	\$22		

Source: 2015 Joint Annual Reports; and Premier management

- Key to Agencies
 - 1. Elk Valley Health Services Davidson; ID 19494
 - 2. Where The Heart Is Fayette: ID 24036
 - 3. Functional Independence Shelby: ID79496
 - 4. Home Health Care of West Tennessee, Inc. Shelby: ID79486
 - 5. Homechoice Health Services Shelby: ID 793676
 - 6. Maxim Health Care Service Shelby: ID 79536
 - 7. No Place Like Home Shelby: ID 79506

OUESTIONS

C.1. a.- NEED

(2). The average cost per patient based upon the projected number of visits per patient shall be listed.

The proposed agency will deliver private duty hourly care of skilled nurses and home health aides. This proposed agency will provide a small number of visits. The following table illustrates the estimate of the small number of visits Premier will deliver in Year One.

Table: 8 Cost Per Visit and Per Patient

	Year One - 2017	Year Two - 2018	
Patients	16	25	
Total Visits	1,120	1,750	
Skilled Nursing Visits (80%)	896	1,400	
Cost per Skilled Nursing Visit	\$47.00	\$47.00	
Total Cost, Skilled Nursing Visits	\$42,112.00	\$65,800	
Home Health Aide Visits (20%)	224	350	
Cost Per HH Aide Visit	\$17.00	\$17.00	
Total Cost, HH Aide Visits	\$3,808.00	\$5,950.00	
Total Cost Skilled Nursing + HHAide	\$45,920.00	\$71,750.00	
Total Cost Per Patient	\$2,870.00	\$2,870.00	

C. (1).a. - NEED

The Framework for Tennessee's Comprehensive State Health Plan Five Principles for Achieving Better Health

The following Five Principles for Achieving Better Health serve as the basic framework for the State Health Plan. After each principle, the applicant states how this CON application supports the principle, if applicable.

1. Health Lives

The purpose of the State Health Plan is to improve the health of Tennesseans. Every person's health is the result of the interactions of individual behaviors, society, the environment, economic factors and our genetic endowment. The State Health Plan serves to facilitate the collaboration of organizations and their ideas to help address health at these many levels.

This project will provide a continuum of skilled care to both pediatrics and adult patients which will help to avoid patient's deterioration, and/or re-hospitalization. This project will promote timely care which may prevent lengthy hospital stays. This project will also provide another option of skilled care for patients with complex medical conditions who may have experienced untimely care or lack of care.

2. Access to Care

Every citizen should have reasonable access to health care.

Many elements impact one's access to health care, including existing health status, employment, income, geography, and culture. The State Health Plan can provide standards for reasonable access, offer policy direction to improve access, and serve a coordinating role to expand health care access.

Premier's availability in the proposed service area will improve patient's accessibility to specialized home care. Although the projections of need for this project for CON purposes a surplus, the perceptions of local skilled nurses and other professionals who are aware of patient access issues on a daily basis should be given great consideration.

3. Economic Efficiencies

The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system. The State Health Plan should work to identify opportunities to improve the efficiency of the efficiency of the state's health care system and to encourage innovation and competition.

This project will provide a new option and expanded access of skilled care for TennCare patients and pediatric patients with complex medical conditions. This is an opportunity for the State Health Plan to welcome competition. There are insufficient choices in the proposed project area. Few agencies in the proposed area in West Tennessee offer skilled private duty hourly care. And only a few of the authorized agencies in the proposed service area have TennCare as a payor source. In a service area like West Tennessee the area children's hospitals should have more sufficient choices of care providers for their patients upon discharge.

C.(1). - NEED

4. Quality of Care

Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers. Health Care providers are held to certain professional standards by the state's license system. Many health care stakeholders are working to improve their quality of care through adoption of best practices and data-driven evaluation.

Premier Health Care Agency is license in Personal Support Services. Premier Health Care shall be licensed with home health licensure and accredited. Premier has implemented a quality assurance program as well as an excellent training program for its home health aides and nurses.

Premier's mission of providing excellent quality care is improved continuously through our "Care First" program. The "Care First" Program provides guidelines which help to measure the improvement of staff performance, organizational performance, patient's safety and satisfaction. This program also monitors Missed Visit Reports and Incident Reports which are review by quality assurance. All missed visits reports and incident reports are used to implement an "Improvement Plan". Missed Visits is a means to identify actual and potential scheduling and communication issues that must be eliminated to improve patient's quality of timely services. Incident reports is a means to identify safety issues that may be actual or potential which must be eliminated to improve the patient's quality of care services. All incidents are reviewed by our "quality assurance team". Upon review appropriate recommendations are made to ensure the reduction of risks to the patients. The "quality assurance team" develops a "plan of action" for all incidents reported and monitors the effectiveness of the purposed plan of action.

5. Health Care workforce

The state should support the development, recruitment, and retention of a sufficient and quality workforce. The state should consider developing a comprehensive approach to ensure the existence of a sufficient, qualified health care workforce, taking into account issues regarding the number of providers at all levels and in all specialty and focus areas, the number of professionals in teaching positions, the capacity of medical, nursing, allied health and other educational institutions, state and federal laws and regulations impacting capacity programs and funding.

Premier shall have a comprehensive training program through which skilled nurses can obtain training to care for complex patients. For example those who are ventilated. The nurses will train with more experienced nurses and respiratory therapists. The training consists of care for ventilated patients, tracheotomy, and training on ventilator equipment. Following the training, such nurses shall go into the field under supervision of a nurse who is experienced and qualified to provide care to ventilated patients. After the nurses exhibit the confidence and ability to work independently, they are allowed to go into the field without nursing supervision.

C.1.b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)

Not Applicable. This project does not include a Change of Site

NEED - I

C (I).2. DESCRIBE THE RELATIONSHIP OF THIS PROJECT TO THE APPLICANT'S LONG-RANGE DEVELOPMNT PLANS, IF ANY.

This project is Premier's long-range plan to provide services to the proposed 5 counties (Fayette, Haywood, Madison, Shelby and Tipton) in West Tennessee.

C.(I).3 IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLNESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA. PLEASE SUBMIT THE MAP ON A 8-1/2" X 11" SHEET OF WHITE PAPER MARKED ONLY WITH INK DETECTABLE BY A STANDARD PHOTOCOPIER (I.E., NO HIGHLIGHTERS, PENCILS, ETC.).

The proposed service area includes 5 counties in West Tennessee. Many agencies in the proposed service area do not provide private duty hourly care to TennCare patients and pediatric patients. Premier will primarily provide private duty skilled nursing services to TennCare patients and pediatric patients.

All parts of the proposed service area are within a reasonable drive time of the principal office located in Bartlett, TN. The table in question B.II.B.1 illustrates the drive time table. Premier staff will more than likely reside throughout the service are; therefore service staff will be more quickly assessable to patient's homes than the dive times to the principle office may indicate.

The table below shall illustrate Premier's projected patient volume based upon the populations of the five proposed counties.

Table: 9 Projected Patient Volume Per County - Premier Health Care

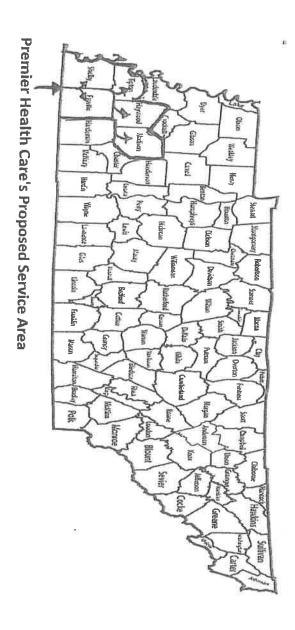
County	Percent of Total	Year One Patients	Year Two Patients
Fayette	18.75%	3	4
Haywood	6.25%	1	2
Madison	25.00%	4	5
Shelby	37.50%	6	11
Tipton	12.50%	2	3
Total All Counties	100.00%	16	25
Total All Counties	100.00%	10	2.

Source: TDH population projections 2015.

C.I.3

Proposed Service Area Map

Fayette, Haywood, Madison, Shelby and Tipton Counties



QUESTIONS: NEED- (I)

C(I).4.A. DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.

The table following this page provides the demographic characteristics of the service area.

Table: 10 - `Demographic Characteristics of Project Service Area
Premier Health
2015-2019

	201	3-2019				40
	Fayette	Haywood	Madison	Shelby	Tipton	State Of
Demographic	County	County	County	County	County	Tennesse
Population Base 2010	38,413	18,787	98,294	927,640	61,081	6,346,10
Total Population 2015	43,631	18,477	102,429	953,899	66,234	6,735,70
Total Projected Population 2019	47,573	18,198	105,581	975,626	70,220	7,035,57
% Population change 2015-2019	17.7%	.96%	7.5%	3.8%	11.89%	6.1%
% population change 2010-2015	2.0	-4.1\$	7%	1.1%	1.3%	3.8%
Age 65+ Population- 2015	18.7%	16.1%	15.3%	11.8%	13.1%	15.6%
Age 65+ Population 2010	14.9%	13.7%	13.2%	10.3%	11.1%	4.0%
Age 65+ Population 2019	22.0%	19.14%	17.29%	13.3%	14.9%	17.3%
Age 18-64 Population 2015	59.3%	59.6%	60.6%	62.3%	61.4%	61.2%
Age 18-64 Population 2010	7					
Age 18-64 Population- 2019	57%	57.67%	58.90%	60.9%	60.7%	60%
Age 0-17 population 2015	21.9%	24.1%	24.05%	25.8%	25.4%	23.1%
Age 0-17 Population 2010	23.1%	25.655	24.0%	26.4%	27.2%	5.96%
Age 0-17 population- 2019	20.9%	23.18%	23.8%	25.7%	24.3%	22.8%
Median Income	\$55,623	\$33,922	\$42,069	\$46,213	\$42,069	\$44,621
Persons Below Poverty Rate	14.5%	23.7%	20.1%	21.3%	13.1%	17.8%
% of Population w TennCare - 2015	16%	32%	25%	27%	21%	22.5%
% of Children Below Poverty Rate	22.1%	32.1%	31.1%	32.5%	16.7%	25.7%
% of 65+ Below Poverty Rate	10.2%	17.7%	9.5%	11%	8.8%	10.0%

Source: The University of TN Center for Business and Economic Research Population Data Files, Reassembled by TDH, Division of Policy, Planning and Assessment.

NOTE: These data will not match the University of Tennessee Datea exactly due to rounding (By TDH Division of Policy, Planning and Assessment)
Source: US Census Bureau April 1, 2010 – July 1, 2015

Source: Joint Annual Report of Home Health Agencies - 2014 Final* American Fact Finder 2010- 2015 TennCare Enrollment Report - 2015

OUESTIONS - NEED (I)

C(I).4.B DESCRIBE THE SPECIAL NEES OF THE SERVICE AREA POPULATION, INCLUDING HEALTH DISPARITIES, THE ACCESSIBILITY TO CONSUMERS, PARTICUARLY THE ELDERLY, WOMEN, RACIAL AND ETHNIC MINORITIES, AND LOW-INCOME GROUPS. DOCUMENTS HOW THE BUSINESS PLANS OF THE FACILITY WILL TAKE INTO CONSIDERATION THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION.

Premier has an outstanding record of accessibility to low-income TennCare patients. It has served TennCare patients off all types through the TennCare CHOICES program. Premier does not discriminate against patient's basedon race, financial status, insurance source, gender, or ethnicity However; concerning this project, Premier will not offer "home health" services to Medicare-age patients, who may have many other options to choose from for home health services in this service area.

C(I)5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON'S, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND IT'S UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY. INPATIENT BED PROJECTS MUST INCLUDE THE FOLLOWING DATA: ADMISSIONS OR DISCHARGES, PATIENT DAYS, AND APPROPRIATE MEASURES, E., G., CASES, PROCEDURES, VISITS, ADMISSIONS, ETC.

The following Data Tables illustrate data on the utilization of the twenty eight agencies approved for this service area from 2013-2015. They provide three years of data (including most recent year) regarding these agencies TennCare utilization, pediatric utilization, hours and visits by discipline

Table: 11 below lists each of the twenty eight agencies licensed to serve this area, their health statistic ID, the agency county, agency name, total counties served, and total counties served in project's service area.

Table: 12 below lists each of the agencies utilization in the service area for each of the most recent three years.

Table: 13 below illustrates Existing Agency Patients by Service Area Counties; and Dependence on Service Area and on Pediatric Patients

Table: 14 below illustrates Existing Agency Patients and Agency Pediatric Services and Dependence

Table: 15 below illustrates Existing Agency Patients and Agency Pediatric Services and Dependence

Table: 16 (a) below illustrates Premier's Projected Utilization Year One (2017) Patients Table: 16 (b) below illustrates Premier's Projected Utilization Year Two (2018) Patients Table: 17 (a) below illustrates Projected Utilization by Discipline in Year One - 2017 Table 17 (b) below illustrates Projected Utilization by Discipline in Year Two - 2018 Table 18(a): Premier Projected Payor Mix on Gross Revenue (Billing) Year One Table 18(b): Premier Projected Payor Mix on Gross Revenue (Billing) Year Two

OUESTIONS: NEED C(I).5
Table: 11 Existing Agencies, Total Counties Served, Counties Served in Project's Service Area

Health Statistics ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area
			24	
19494	Davidson	Elk Valley	74	5
19544	Davidson	Home Care Solutions Inc.	38	1
24026	Fayette	NHC HomeCare	8	5
24036	Fayette	Where the Heart Is	3	3
57095	Madison	Extendicare Home Health of West Tennessee	21	5
79456	Shelby	Accredo Health Group, Inc.	6	4
79466	Shelby	Alere Women's and Children's	7	5
79146	Shelby	Amedisys Home Care	3	3
79246	Shelby	Amedisys Home Health Care	3	3
79386	Shelby	Amedisys Tennessee, LLC	5	4
79256	Shelby	Americare Home Health	2	2
79276	Shelby	Baptist Trinity Home Carc	3	3
79446	Shelby	Baptist Trinity Home Care- Priv	1	1
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1
79556	Shelby	Coram/CVS Specialty Infusion	25	5
79206	Shelby	Family Home Health Agency	1	1
79496	Shelby	Functional Independence Home	3	3
0	Shelby	Hemophilia Preferred Care	Pharmacy	
79486	Shelby	Home Health Care of West TN	4	3
79379	Shelby	HomeChoice Health Services	6	4
79226	Shelby	Intrepid USA Healthcare Services	1	1
79536	Shelby	Maxim Healthcare Services, Inc	6	5
79106	Shelby	Meritan, Inc	1	1
79316	Shelby	Methodist Alliance Home Care	3	3
79506	Shelby	No Place Like Home	3	3
79136	Shelby	Quality Home Health =Extended	3	3
79526	Shelby	Still Waters Home Health	1	1
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4
		Number of Home Health Agencies	28	

Source: TDH Joint Annual Report - 2015

QUESTIONS: NEED C.(I).5

Table: 12 Total State Wide Utilization of Agencies in Service Area in 2013, 2014 and 2015 Alphabetically by Agency Health Agency Agency Name 2013 Pediatric Patients 2013 2013 2014 Peds. Patients 2014 2014 2015 Pediatri Patients 2015 2015 County Statistics Patients 0-17 Visits Hr Pts. 0-17 65+ Visits Hr Patien Visits ID Hours 0-17yrs 15 19494 Davidson Elk Valley 277 141 23 9,222 729,065 293 150 31 35,655 0 457 195 100 112,411 945,276 19544 Davidson Home Care 1,930 0 1,563 88,519 0 1,689 0 1.383 75,462 n 2,998 161 1,899 42,113 521,678 Solutions Inc. 24026 Fayette NHC HomeCare 226 155 8,535 O 301 222 9,534 0 421 335 12,036 24036 Fayette Where the Heart Is 116 18 92 3,487 110,724 104 102 17,020 29,087 1.044 99 202 19,188 280 57095 Madison Extendicare Home 2,741 2299 93,572 0 832 683 25,375 0 1,196 1,029 34,797 505 Health of West TN 79456 Shelby Accredo Health 12 0 12 21 N/R N/R 23 8 15 N/R N/R Group, Inc. 79466 Shelby Alere Women's 373 369 3214 4821 335 h 3,037 4,556 438 3,641 5,461 and Children's 79146 Shelby Amedisys Home 1060 0 956 26,138 0 1,069 0 949 24,200 0 948 **B64** 20,028 Care 79246 Shelby Amedisys Home 936 0 782 19,461 0 837 699 16,071 0 737 614 16,044 Health Care 79386 Shelby Amedisys 1934 1,653 47,620 0 1,856 1532 40,681 0 554 481 11,879 Tennessee, LLC 79256 Shelby Americare Home 1,336 10 1,110 0 75,127 1,295 566 47,737 0 828 646 31,431 Health 79276 Shelby Baptist Trinity 3,862 2,604 46,775 0 3,236 2,209 46,051 0 3,169 2.247 47,274 Home Care Shelby 79446 Baptist Trinity 4,466 167 0 86 Home Care- Priv Shelby 79546 Best Nurses, Inc 364 284 24,540 4,420 176 133 9,251 21,279 Q 219 29,900 *(Inactive) 79556 Shelby Coram/CVS N/A 11 Specialty Infusion 79206 Shelby Family Home 379 0 368 23,705 428 408 21,529 0 504 3 458 23,182 Health Agency 79496 Shelby Functional 953 77 288 32,077 0 1,494 104 546 40,666 0 1,915 9,838 169 636 320,720 Independence 0 Shelby Hemophilia N/R Preferred Care 79486 Shelby Home Health Care 1,010 43 576 33,710 292,871 754 19 492 19,002 299,766 577 411 17,042 340,010 of West TN 79379 Shelby HomeChoice. 12 0 12 2322 21 1628 72,135 108,251 1525 1,159 67,844 52,149 Health Services 79226 Shelby Intropid USA 605 472 18,375 0 522 385 17,166 0 565 0 412 17,934 Healthcare 79536 Shelby Maxim Healthcare 155 80 17 805 237,411 173 13 3,791 285,972 275 123 32 651 375,306 79106 Shelby Meritan, Inc 609 568 16,870 10,160 632 552 20,329 652 611 14,436 2,498 79316 Shelby Methodist Alliance 244 15 113 38.961 0 3,149 155 1954 40,299 140 3.178 1948 36,210 Home Care 79506 Shelby No Place Like 58 48 0 281,830 74 0 295,930 80 75 0 471,548 Home 79136 Shelby Quality Home n 54 1,745 0 204 17 68 6,056 0 291 36 69 19,310 Health =Extended 79526 Shelby Still Waters Home 101 72 4,012 0 71 64 2,660 0 SR. la 39 2,614 0 Health 79236 Shelby Willowbrook 479 422 9,688 0 499 412 10,882 561 459 10,808 Source TDH Joint Annual Reports - 2013, 2014, 2015; Pages 8-10

QUESTIONS: C.(1).5

Table: 13 Existing Agency Patients By Service Area Counties; and Dependence on Service Area and on Pediatric Patients

Health Agency Statistic County ID		Agency Name	Total Counties Served	Total Counties Scrved in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatric patients in Service area as % of Agency Total patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Faycite	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8,80%
0	Shelby	Hemophilia Preferred Care	Pharmacy						
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	J	1	652	0	0.00%	652	0.00%
19316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
9136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
9526	Shelby	Still Waters Home Health	1	1	58	0		58	0.00%
9236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0		561	0.00%
		Totals			18,487	674		21,823	3.00%

Source TDH - Joint Annual Reports Pg 10

QUESTIONS: C.(I).5

Table: 14 Existing Agency Patients and Agency Pediatric Services and Dependence

Health Statistic ID	0	Table: 14 Existing Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area		Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency	Agency's Pediatric patients in Service area as % of Agency Total Patients
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	in TN.
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	457	3,20%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	1,813	0.00%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	421	0.23%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,044	9.45%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31,80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0,00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
9496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
	Shelby	Hemophilia Preferred Care	Pharmacy					.,,	0.0070
9486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
9379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
9226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
9536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41,40%
9106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
9316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
9506	Shelby	No Place Like Home	3	3	80			80	93.75%
9136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
9526	Shelby	Still Waters Home Health	1					58	0.00%
9236	Shelby	Willowbrook Visiting Nurses Assoc	6					561	0.00%
								21,823	3.00%

QUESTIONS: C.(I).5

The following table illustrates the pediatric utilization of the twenty- eight existing agencies licensed to serve this area in terms of the total number of counties they serve in Tennessee, the number of counties in this proposed area they serve, the agencies total number of pediatric patients they serve as a percentage of the total patients in the state.

Table: 15 Existing Agency Patients and Agency Pediatric Services and Dependence

Health Statisti ID	1 4		Total Counties Served	Total Counties Served in	Total Agency Pts. From	Pediatric patients 0-17	Pediatric pts In service	Agency	Pediatric
				Project's Service Area	Project Service Area	served in Project service area by agency	area as % of Agency Total Patients in Service area	Patients in TN	s patients in Service area as % of Agency Total patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0,00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
	Shelby	Hemophilia Preferred Care	Pharmacy						-
9486	Shelby	Home Health Care of West	4	3	552	9	1.63%	577	1,55%
9379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
9226	Shelby	Intrepid USA Healthcare	1	1	565	0	0.00%	565	0.00%
9536	Shelby	Maxim Healthcare Services	6	5	258	114	44.10%	275	41.40%
9106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
9316	Shelby	Methodist Alliance	3	3	3,178	139		3,178	4.37%
9506	Shelby	No Place Like Home	3	3	80	75		80	93.75%
9136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
9526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
9236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0		561	0.00%

QUESTIONS: NEED C.(1).6

Table: 16 (a) Premier Projected Utilization Year One (2017)

Patients

County	Private Duty	Year One Patients	Visits	Hours
Fayette	18.75%	3	210	2,520
Haywood	6.25%	1	70	840
Madison	25.00%	4	280	3,360
Shelby	37.50%	6	420	5,040
Tipton	12.50%	2	140	1,680
Total All Counties	100.00%	16	1,120	13,440

Source: Patients, Visits, Hours from Premier Management

Table: 16 (b) Premier Projected Utilization Year Two (2018) Patients

Percent of Total	Year Two Patients	Visits	Hours
18.75%	4	280	3,360
6.25%	2	140	1,680
25.00%	5	350	4,200
37.50%	11	770	9,240
12.50%	3	210	2,520
100.00%	25	1,750	21,000
	18.75% 6.25% 25.00% 37.50% 12.50%	Patients 18.75% 4 6.25% 2 25.00% 5 37.50% 11 12.50% 3	Patients 18.75% 4 280 6.25% 2 140 25.00% 5 350 37.50% 11 770 12.50% 3 210

Visits, and hours allocated to patients in proportion to population

QUESTIONS: C.(I).6

Table: 17 (a)

Premier Projected	Utilization	by	Discipline
W T MINISTER W 4 CO T TO T			

Year One 2017

Visits	Hou	.8	
8	896	10,752	
15	224	2,688	
23	1,120	13,440	
	8	8 896 15 224	8 896 10,752 15 224 2,688

Year Two 2018 Table 17 (b)

	2018			
Discipline	Staff	Visits	Hours	
Skilled Nursing	10	140	0 16,800	
Aides	20	35	0 4,200	
Total	30	1,75	0 21,000	

Table 18(a): Premier Projected Payor Mix on Gross Revenue (Billing) Year One

T	hla 19/a)	. Promie	r Projected	Payor I	Mix on Gross I	Reven	ue (Billing)	Year Or	16		
12	Medicare	%	TennCare/ Medicaid	%	Commercial	%	Self Pay	%	Other	%	Total (100%)
Patients	0	0.00%	16	200%					0	0.00%	100.00%
	0	0.00%	1120	100%				0.00%	0	0.00%	100%
Visits	U	0.0076	1120				-		10	0.00%	100%
Hours	0	0	13400	100%						0.0070	10070
Gross Revenue Per Visit	\$0.00	0	\$77,728				,				
Gross Rev/Hr	\$0.00	0	\$467,712								
Gross Rev/Patient	\$0.00	0	\$34,090								

Source: Premier Management

	Medicare	%	TennCare/ Medicaid	%	Self Pay	%	Commercial	%	Other	%	Total (100%)
Patients	0	0.00%	23	92.00%			2	8.00%			100.00%
Visits	0	0.00%	1575	90%			175	10%			
Hours	0	0	18900	90%			2,100	10%	ļ	ļ	
Gross Revenue Per Visit	\$0.00	\$0.00	\$109,305	90%			\$12,145	10%			
Gross Rev/Hr	\$0.00	\$0.00	\$657,720	90%			\$73,080	10%			
Gross Rev/Patient	\$0.00	\$0.00	\$33,348.90				\$42,612	10%			

Source: Premier management

Note: TennCare and the VA Medical Centers require its providers to maintain a Medicare provider number. Premier will be a private duty company. We are committing not to compete with other home health agencies for Medicare patients.

QUESTIONS: ECONOMIC FEASIBILITY - C.(II)

- C.(II)1. PROVIDE THE COST OF THE PROJECT BY COMPLETING THE PROJECT COSTS CHART ON THE FOLLOWING PAGE. JUSTIFY THE COST OF THE PROJECT.
- •ALL PROJECTS SHOULD HAVE A PROJECT COST OF AT LEAST \$15,000 CON LINE F (Minimum CON FILING FEE). CON FILING FEE SHOULD BE CALCULATED ON LINE D.
- THE COST OF ANY LEASE (BUILDING, LAND, AND /OR EQUIPMENT) SHOULD BE BASED ON FAIR MARKET VALUE OR THE TOTAL AMOUNT OF THE LEASE PAYMENT OVER THE INITIAL TERM OF THE LEASE, WHICHEVER IS GREATER. NOTE: THIS APPLIES TO ALL EQUIPMENT LEASES INCLUDING BY PROCEDURE "PER CLICK" ARRANGEMENTS. THE METHODOLOGY USED TO DETERMINE THE TOTAL LEASE COST FOR A "PER Click" ARRANGEMENT MUST INCLUDE, AT A MINIMUM, THE PROJECTED PROCEDURES, THE "PER CLICK" RATE AND THE TERM OF THE LEASE.
- THE COST FOR FIXED AND MOVEABLE EQUIPMENT INCLUDES, BUT IS NOT NECESSARILY LIMITED TO, MAINTENANCE AGGREMENTS COVERING THE EXPECTED USEFUL LIFE OF THE EQUIPMENT; FEDERAL, STATE, AND LOCAL TAXES AND OTHER GOVERNMENT ASSESSMENTS; AND INSTALLATION CHARGES, EXCLUDING CAPITAL EXPENDITURES FOR PHYSICAL PLANT RENOVATION OR INWALL SHIELDING, WICH SHOULD BE INCLUDED UNDER CONSTRUCTION COSTS OR INCORPORATED IN A FACILITY LEASE.
- FOR PROJECTS THAT INCLUDE NEW CONSTRUCTION, MODIFICATION, AND/OR RENOVATION; DOCUMENTATION MUST BE PROVIDED FROM A CONTRACTOR AND/OR ARCHITECT THAT SUPPORT THE ESTIMATED CONSTRUCTION COSTS.

Line B.2 Represents the fair market value of the facility being leased, which is the larger of the two alternative calculations and was used in the Project Cost Chart.

Lease Outlay Method:

3.0 years lease term - \$25,870

Pro Rata Building Value Method:

350,000 appraised value of building X 10% Office space (550 SF) = 35,000 pro rata value of the office space leased.

PROJECT COSTS CHART

A.	Cons	struction and equipment acquired by purchase:	
	1.	Architectural and Engineering Fees	
	2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	
	3.	Acquisition of Site	
	4.	Preparation of Site	
	5.	Construction Costs	
	6.	Contingency Fund	(
	7.	Fixed Equipment (Not included in Construction Contract)	
	В.	Moveable Equipment (List all equipment over \$50,000)	
	9.	Other (Specify)	
В.	Acqı	uisition by gift, donation, or lease:	
	1.	Facility (inclusive of building and land)	05.000
	2.	Building only	35,000
	3.	Land only	
	4.	Equipment (Specify)	
	5.	Other (Specify)	
C.	Fina	incing Costs and Fees:	
	1.	Interim Financing	
	2.	Underwriting Costs	
	3.	Reserve for One Year's Debt Service	
	4.	Other (Specify)	
D.		mated Project Cost B+C)	
_	,	CON Filing Fee	15,000.00
E.		otal Estimated Project Cost	
F.			
	{	D+E)	\$50,000

C(II).2. IDENTIFY THE FUNDING SOURCE FOR THIS PROJECT. (ATTACHMENT)

PLEASE CHECK THE APPLICABLE ITEM(S) BELOW AND BRIEFLY SUMMARIZE HOW THE PROJECT WILL BE FINANCED. (DOCUMENTATION FOR THE TYPE OF FUNDING MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND IDENTIFIED AS ATTACHMENT C, ECONOMIC FEASIBILITY-2).

____A. COMMERCIAL loan —Letter from lending institution or guarantor stating favorable

A. COMMERCIAL loan -Letter from lending institution or guarantor stating favorable initial contract, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions:

- B. Tax-exempt bonds—Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance
- __C. General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meetings.
- D. Grants—Notification of the intent form for grant application or notice of grant award; or
- X E. Cash Reserves-Appropriate documentation from Chief Financial Officer
- __F. Other -Identify and document funding from all other sources

All of the actual capital costs for this project (estimated \$50,000) will be funded/financed by the applicant, Premier Health Care, LLC. Documentation of financing is provided in attachment C, economic feasibility-2, in the form of a funding assurance letter from Catondria Brown, CFO of the company.

C(II).3. DISCUSS AND DOCUMENT THE REASONABLENESS OF THE PROPOSED PROJECT COST. IF APPLICABLE, COMPARE THE COST PER SQUARE FOOT OF CONSTRUCTION TO SIMILAR PROJECTS RECENTLY APPROVED BY THE HSDA.

The proposed project cost is \$50,000, which includes the fair market value of office space (\$35,000) for which the company is presently leasing. The remaining balance of the total cost is the cost of filing the application. There are no equipment costs associated with this project. Also, there are no construction costs or renovation costs for this project which makes this project cost reasonable.

C(II).4. COMPLETE HISTORICAL AND PROJECTED DATA CHARTS ON THE FOLLOWING TWO PAGES—DO NOT MODIFY THE CHARTS PROVIDED OR SUBMIT CHART SUBSTITUTIONS. HISTORICAL DATA CHART REPRESENTS REVENUE AND EXPENSE INFORMATION FOR THE LAST THREE (3) YEARS FOR WHICH COMPLETE DATA IS AVAILABLE FOR THE INSTITUTION. PROJECTED DATA CHART REQUESTS INFORMATION FOR THE TWO YEARS FOLLOWING COMPLETION OF THIS PROPOSAL. PROJECTED DATA CHART SHOULD INCLUDE REVENUE AND EXPENSE PROJECTIONS FOR THE PROPOSAL ONLY (I.E., IF THE APPLICATION IS FOR ADDITIONAL BEDS, INCLUDE ANTICIPATED REVENUE FROM THE PROPOSED BEDS ONLY, NOT FROM ALL BEDSIN THE FACILITY).

This project proposes to establish a new licensed health care provider. However; the applicant has been licensed as a Personal Support Services Agency for over eight years and has entered historical data for its services for the past 3 years.

The applicants Historical Data Chart follows this page. The applicants Projected Data Chart follows this page.

HISTORICAL DATA CHART

Give information for the last *three* (3) years for which complete data are available for the facility or agency. The fiscal year begins in ______ (Month).

agei	Utiliz	zation Data (Specify unit of measure)	Year 2013 Hours	Year 2014 Hours	Year 2015 Hours
B.		enue from Services to Patients Inpatient Services Outpatient Services	\$	\$	\$
	3. 4.	Emergency Services Other Operating Revenue (Specify)			070.000
		Gross Operating Revenue	\$_325,700	\$ 346,000	\$_370,000
C.	Ded 1. 2. 3.	ductions from Gross Operating Revenue Contractual Adjustments Provision for Charity Care Provisions for Bad Debt	\$	\$	1,500
	٥.	Total Deductions	\$	\$	\$
ME	T 05	PERATING REVENUE	\$ 325,700	\$346,000	\$ 368,500
D.		erating Expenses Salaries and Wages	\$ 78,200	\$ <u>81,70</u> 0	\$ 87,200
	2.	Physician's Salaries and Wages	6,200	7,100	8,000
	3. 4.	Supplies Taxes			
	5.	Depreciation	8,400	8,400	8,400
	6.	Rent	0,400	0,400	
	7.	Interest, other than Capital			
	8.	Management Fees:			
		a. Fees to Affiliates b. Fees to Non-Affiliates			
	_	b. Fees to Non-Affiliates Other Expenses (Specify) Professional Fees	3,000	3,000	3,000
	9.	Total Operating Expenses	\$ 95,800	\$ 100,200	\$ 106,600
	Destro	her Revenue (Expenses) - Net (Specify)	\$	\$	\$
E.			\$ 229,900	\$ 245,800	\$ 261,900
NI		PERATING INCOME (LOSS)	·		
F.	Ca	pital Expenditures	\$	\$	\$
	1.	Retirement of Principal	Ψ		
	2.	Interest Total Capital Expenditures	\$	\$	\$
			· · · · · · · · · · · · · · · · · · ·	T	
N L	ET O	PERATING INCOME (LOSS) CAPITAL EXPENDITURES	\$_229,900	\$ 245,800	\$ 261,900

Numbers have been rounded to nearest hundred

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in <u>January</u> (Month).

begi	ns in	January (Month).		Year 2017	Year 2018
				/1120 Visits	21,000 Hrs/1750 Visits
A.		zation Data (Specify unit of measure)	13,440 1118	/1120 VISILS	
B.	Rev	enue from Services to Patients		r.	¢
	1.	Inpatient Services	\$467	» 7,712/ \$77,728	\$ 730,800/ \$121,450
	2.	Outpatient Services	ΨΨΟΙ		
	3.	Emergency Services			****
	4.	Other Operating Revenue (Specify)		- EAE AAD	\$ 852,250
		Gross Operating	g Revenue	\$_545,440	\$_652,250
C.	Dec	luctions from Gross Operating Revenue			
	1.	Contractual Adjustments		\$	\$
	2.	Provision for Charity Care		2.000	3,000
	3.	Provisions for Bad Debt		3,000	3 Table 1 Tabl
		Total D	eductions	\$	\$
NE'	OP	ERATING REVENUE		\$ 542,440	\$_849,250_
D.	Op	erating Expenses		e 431,288	s 624,350
	1.	Salaries and Wages		\$	\$
	2.	Physician's Salaries and Wages		4,200	7,500
	3.	Supplies		7,200	1100
	4.	Taxes	furnitura	7,500	7,500
	5.	Depreciation Computers, office equipment,	Millione	8,820	9,000
	6.	Rent			
	7.	Interest, other than Capital			
	8.	Management Fees: a Fees to Affiliates Administrative C)verhead	70,000	70,000
		a. Fees to Affiliates Administrative Cb. Fees to Non-Affiliates	10111000		
	9.	Other Expenses (Specify)			
		Total Operating	Expenses	\$ 521,808	\$ 719,450
E.	Ot	ner Revenue (Expenses) Net (Specify)		\$	\$
		PERATING INCOME (LOSS)		\$ 20,632	\$ 129,800
F.		pital Expenditures			
	1.	Retirement of Principal		\$	\$
	2.	Interest			
		Total Capital Ex	penditures	\$	\$
NE	T OI	PERATING INCOME (LOSS) CAPITAL EXPENDITURES		\$_20,632	\$ <u>129,800</u>

C(II).5. PLEASE IDENTIFY THE PROJECTS AVERAGE GROSS CHARGE. DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE

Please see Table 19 Below

Table: 19 Average Charges, Deductions, and Net Charges

Table: 19 Average Charges, Deductions, and	CY 2017	CY 2018
Hours	13,440	21,000
Average Total Agency Gross Revenue, Per Hour	\$40.58	\$40.58
Average Total Agency Deduction, Per Hour	\$0.50	\$0.50
Average Total Net Charge (Net Operating Revenue), Per Hour	\$40.08	\$40.08
Average Total Agency Net Operating Income After Capital Expenditure, Per Hour	\$6.11	\$9.16

C.(II).6

A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to the current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREA, OR TO PROPOSED CHARGES OG PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).

Premier's projected gross charge for this project is comparable to the average gross charges for similar projects approved by the Agency. The chart below illustrates the costs and charges reported by other agencies that provide private duty care. The data is from the 2015 Joint Annual Report. The N/R denotes information that was not reported.

Table: 20: Cost & Charge Comparisons with Service Area Agencies That Provide Similar Services

Agency	Cost Per		Charge P		Cost Per	Hour	Charge P	er Hou
Agency	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide
,	N/R	N/R	\$79	\$40	N/R	N/R	\$35	\$22
2	60	\$24	\$98	\$40	N/R	N/R	N/R	N/R
3	N/R	N/R	\$93	\$38	N/R	N/R	N/R	N/R
4	\$123	\$56	\$121	\$55	N/R	N/R	\$33	\$20
5	\$108	\$47	\$66	\$20	N/R	N/R	\$15	\$9
6	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25
Premier Proposed Agency 2016- 2017	\$47	\$17	\$80	\$27	\$25	\$11	\$38	\$22

Source: 2015 Joint Annual Reports; and Premier management

- Key to Agencies
 - 8. Elk Valley Health Services Davidson; ID 19494
 - 9. Where The Heart Is Fayette: ID 24036
 - Functional Independence Shelby: ID79496
 - 11. Home Health Care of West Tennessee, Inc. Shelby: 1D79486
 - 12. Homechoice Health Services Shelby: ID 793676
 - 13. Maxim Health Care Service Shelby: ID 79536
 - 14. No Place Like Home Shelby: ID 79506

C.(II).7. DISCUSS HOW PROJECTED UTILIZATION RATES WILL BE SUFFICIENT TO MAINTAIN COST-EFFECTIVENESS.

In the first and subsequent years, case volumes are expected to allow Premier to operate with a positive margin.

C.(II).8. DISCUSS HOW FINANCIAL VIABILITY WILL BE ENSURED WITHIN TWO YEARS; AND DEMONSTRATE THE AVAILABILITY OF SUFFICIENT CASH FLOW UNTIL FINANCIAL VIABILITY IS MAINTAINED.

In the first year, Premier will operate with a positive margin although the positive margin will not be as significant as in the subsequent years due to the expected overhead of staffing before significant caseloads have been referred. In its second and subsequent years, the agency will operate with a positive margin based on the applicants experience with staffing an obtaining a significant referral base.

Premier Health Care's Personal Support Services Agency currently operates with a positive financial margin. The proposed agency is expected to have a small caseload, based on the area's population. Premier Health Care has operating reserves sufficient to carry this agency through its start-up period.

C.(II).9. DISCUSS THE PROJECTS PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DISCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF THE REVENUE AND PERCENTAGE OF THE TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICAREM OR THER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.

The project will serve TennCare/Medicaid patients. Its Medicare patients will be an estimated one single patient with commercial insurance in order to obtain a Medicare provider number which is a requirement for a home health agency to participate in the TennCare program. No actual net revenue will be obtained from Medicare. The single Medicare patient will be one with commercial insurance which will be the primary payor source.

Table 21: Medicare and TennCare/Medicaid Revenues, Year One

	Medicare	TennCare/Medicaid
Gross Revenue	\$0	\$545,440
Percent of Gross Revenue	0.0%	100%

Source: Table 18(b) Above

In year two, this new agency will serve twenty five (25) patients. Therefore; charity patients will not be financially feasible for this small agency. Private duty agencies can prove costly. There is no advance indications of the extent of loss which may occur.

C.(II).10. PROVIDE COPIES OF THE BALANCE SHEET AND INCOME STATEMENT FROM THE MOST RECENT REPORTING PERIOD OF THE INSTITUTION, AND THE MOST RECENT AUDITED FINANCIAL STATEMENTS WITH ACCOMPANYING NOTES, IF APPLICABLE. FOR NEW PROJECTS, PROVIDE FINANCIAL INFORMATION FOR THE CORPORATION, PARTNERSHIP, OR PRINCIPAL PARTIES INVOLVED WITH THE PROJECT. COPIES MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND LABELED AS ATTACHMENT C, ECONOMIC FEASIBILITY --10.

These are provided as Attachment C, Economic Feasibility---10.

C(II).11. DESCRIBE ALL ALTERNATIVES TO THIS PROJECT WHICH WERE CONSIDERED AND DISCUSS THE ADVANTAGES AND DISADVANTAGES OF EACH ALTERNATIVE, INCLUDING BUT NOT LIMITED TO:

A. A DISCUSSION REGARDING THE AVAILABILITY OF LESS COSTLY, MORE EFFECTIVE, AND/OR MORE EFFICIENT ALTENATIVE METHODS OF PROVIDING THE BENEFIRS INTENDED BY THE PROPOSAL. IF DEVELOPMENT OF SUCH ALTERNATIVES IS NOT PRACTICABLE, THE APPLICANT SHOULD JUSTIFY WHY NOT, INCLUDING REASONS AS TO WHY THEY WERE REJECTED.

B. THE APPLICANT SHOULD DOCUMENT THAT CONSIDERATION HAS BEEN GIVEN TO ALTERNATIVES TO NEW CONSTRUCTION, E.G., MODERNIZATION OR SHARING ARRANGEMENTS, IT SHOULD BE DOCUMENTED THAT SUPERIOR ALTERNATIVES HAVE BEEN IMPLEMENTED TO THE MAXIMUM PRACTICABLE.

The applicant has no other way to provide health services in Tennessee or to meet area needs in the projected counties in West Tennessee, or meet the needs of health professionals and the Muscular Dystrophy Association than to pursue this application. It has considered purchasing an existing agency but none that serve all five of the proposed counties in the area are known to be available.

This project will use only leased space.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE: C.III

C(III).1. LIST ALL EXISTING HEALTH CARE PROVIDERS (I.E., HOSPITALS, NURSING HOMES, HOME CARE ORGANIZATIONS, ETC) MANAGED CARE ORGANIZATIONS, ALLIANCES, AND/OR NETWORKS WITH WHICH THE APPLICANT CURRENTLY HAS OR PLANS TO HAVE CONTRACTUAL AND/OR WORKING RELATIONSHIPS, E.G., TRANSFER AGREEMENTS, CONTRACTUAL AGREEMENTS FOR HEALTH SERVICES.

The applicant does not have written transfer agreements. The home health patient is at home and not in an institution and is not subject to transfer by the home health agency. Premier's staff is trained in emergency responsiveness and proper procedures. They are equipped with contact numbers for emergency response teams. Patients and their families are trained by staff on emergency preparedness. Premier maintains communication with hospitals and nursing homes who may need to transfer patients into a home care setting.

C.(III).2. DESCRIBE THE POITIVE AND/OR NEGATIVE EFFECTS OF THE PROPOSAL ON THE HEALTH CARE SYSTEM. PLEASE BE SURE TO DISCUSS ANY INSTANCES OF DUPLICATIONS OR COMPETITION ARISING FROM YOUR PROPOSAL. INCLUDING A DESCRIPTION ON THE EFFECT THE PROPOSAL WILL HAVE ON THE UTILIZATION RATES OF EXISTING PROVIDERS IN THE SERVICE AREA OF THE PROJECT.

Hourly Care

Table: 6 below shows that only seven (7) of the twenty eight authorized agencies in the service area provided any significant number of private duty hours of care Statewide in 2015. Tennessee does not collect data on hours delivered by counties; therefore it is difficult to quantify the impact, if any, this project would have on their services to patients in the project's area in West Tennessee.

Pediatric Patient Care

The 2015 Joint Annual Report (JAR) for the twenty eight authorized agencies shows that only three (3) of the agencies had a significant Statewide pediatric patient mix (number of pediatric patients as a percentage of agency total patients in Tennessee). As shown in Table: 15 below, Accredo Health Group reported a Statewide 30.40% pediatric patient mix, Maxim Healthcare Services, reported a Statewide 41.40% pediatric patient mix, and No Place Like Home reported a 93.75% pediatric patient mix.

The Joint Annual Report also shows provider's patients by age and county. Table 6 below shows that within the projects proposed service area in West Tennessee, 486 total pediatric patients were served last year by 7 agencies. Premier's projected 16 patients in its first year of operation would be only 3.29% of the area's pediatric cases. This does not seem to be a major impact on market share as a whole for this service area.

In addition, a great portion of the 486 pediatric patients were served by only four providers. The remaining providers saw few pediatric patients. It is Premier's belief that having another choice would be important for area consumers, would not significantly impact other agencies, and would be very welcomed by physicians and other healthcare professionals who have stated that need in letters of support for this project.

Table: 6 and Table: 15 below are illustrations of the information above.

QUESTIONS: C(III).2. - CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

Table: 6 Agencies That Have Private Duty and Private Duty Pediatric Care and Have TennCare Payor Mix

Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Arca	Pediatric patients 0-17 served in Project service area by agency	Gross Revenue	TNCare Gross Revenue	TNCare % of Gross Revenue
19494	Davidson	Elk Valley	74	5	32	15	\$31,824,839.0	\$22,851,469	71.80%
24036	Fayette	Where the Heart Is	3	3	1,044	99	\$2,344,460	\$250,218	10.67%
79496	Shelby	Functional Independence Home	3	3	1,915	169	\$16,088,606	\$12,524,168	77.84%
79496	Shelby	Home Health Care of West TN	4	3	552	9	\$13,455,448	\$9,408,321	69.92%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	\$9,939,690.00	\$3,110,466	31.29%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	\$12,648,142	\$11,875,369	93.89%
79506	Shelby	No Place Like Home	3	3	80	75	\$14,336,680	\$13,511,680	94.25%
		Totals			5,150	486	\$100,637,865	\$73,531,691	73.00%

Source: 2015- TDH Joint Annual Reports Registry for Authorized Counties

Source: TDH - 2015 Statistical Data

<u>OUESTIONS: C(III).2. – CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF</u> <u>HEALTH CARE</u>

Table: 15 Existing Agency Patients and Agency Pediatric Services and Dependence

		Table: 12 Evisuns	TABCARCI	7 11-0-0-0-0		· ·			A
Tealth Statistics ID	Agency County	rigoney riame	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Total Patients	Agency's Pediatric patients in Service area a % of Agency Total patients in TN.
9494	Davidso	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidso	Home Care Solutions Inc.	38	ı	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	I	11.00%	9	11,00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care	Pharmacy						
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
70124	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
79136	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79526 79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0	0.00%	561	0.00%
	1								

Source: 2015-TDH Joint Annual Reports Registry for Authorized Counties

Source: TDH - 2015 Statistical Data

QUESTIONS: C (III).3 – CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE's FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.

Please see the following Table: 22 which shows projected salary wages for entry level, median, and experienced levels. The Department of Labor and Workforce Development website indicated the following annual salary information for clinical employees which are the type for this project.

Table: 22 TDOL Average Salaries for the Region

Position	Entry Level	Medium	Experienced
RN	\$40,392	\$52,500	\$64,608
LPN	\$28,716	\$37,320	\$45,924
HH Aide	\$17,628	\$22,908	\$28,188

Source: Tennessee Department of Labor and Workforce Development Occupational Classification Compensation Alpha Numeric Plan June 1, 2016

Please see the following Table: 23 which shows Premier's projected staffing

Table: 23 Premier Health Care's Projected Staffing

Position Type	Health Care's Projected Sta Year One FTE's	Year Two FTE's	Annual Salary Range
Office Positions,			
Management and Clinical			
Administrative Officer	1.0	1.0	\$70,000-\$75,000
	1.0	1.0	\$36,000-\$38,000
RN Supervisor		1.0	\$17,000-\$17,500
Recruiter	1.0		\$17,000-\$17,500
Staff Coordinator	1.0	1.0	\$17,000-317,500
Payroll Clerk	1.0	1.0	\$17,000-17,300
Subtotal, Office FTE's	5.0	5.0	
Clinical Positions in Field			
		8	\$40,000-\$45,000
Registered Nurse	6		\$28,700-\$29,000
Licensed Practical Nurse	2	4	\$17,600-\$18,000
Home Health Aide	15	20	\$17,000-\$18,000
Subtotal Field FTE's	23	32	
	7 10		

Source: Premier Health Care Management

C(III).4. DISCUSS THE AVAILABILITY OF AND ACCESSIBILITY TO HUMAN RESOURCES REQUIRED BY THE PROPOSAL, INCLUDING ADEQUATE PROFESSIONAL STAFF, AS PER THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, AND/OR THE DIVISION OF MENTAL RETARDATION SERVICES LICENSING REQUIREMENTS.

Premier has been able to staff its personal support services agency and is confident of its ability to do the same in this proposed new service area. Premier is aware of State Agency requirements for staffing and operating home health agencies.

C(III).5. VERIFY THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSING CERTIFICATION AS REQUIRED BY THE STATE OF TENNESEE FOR MEDICAL/CLINICAL STAFF, THESE INCLUDE, WITHOUT LIMITATION, REGULATIONS CONCERNING PHYSICIAN SUPERVISION, CREDENTIALING, ADMISSIONS PRIVILEGES, QUALITY ASSURANCE POLICIES AND PROGRAMS, UTILIZATION REVIEW POLICIES AND PROGRAMS, RECORD KEEPING, AND STAFF EDUCATION.

The applicant has reviewed and so verifies.

C(III).6. DISCUSS YOUR HEALTH CARE INSTITUTIONS PARTICIPATION IN THE TRAINING OF STUDENTS IN THE AREAS OF MEDICINE, NURSING, SOCIAL WORK, ETC. (I.E., INTERNSHIPS, RESIDENCIES, ETC.).

None.

C(III).7(a). PLEASE VERIFY AS APPLICABLE, THAT THE APPLICANT HAS REVIEWD AND UNDERSTANDS THE LICENSURE REQUIREMENTS OF THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE DIVISION OF MENTAL RETARDATION SERVICES, AND/OR ANY APPLICABLE MEDICARE REQUIREMENTS.

The applicant verifies.

C(III).7(b). PROVIDE THE NAME OF THE ENTITY FROM WHICH THE APPLICANT HAS RECEIVED OR WILL RECEIVE LICENSURE, CERTIFICATION, AND/OR ACCREDITATION.

LICENSURE:

Board for Licensure of Healthcare Facilities

Tennessee Department of Health

CERTIFICATION:

Medicare Certification from CMS

TennCare Certification from TDH

ACCREDITATION: Accreditation Commission for Health Care

C(III).7(c). IF AN EXISTING INSTITUTION, PLEASE DESCRIBE THE CURRENT STANDING WITH ANY LICENSING, CERTIFYING, OR ACCREDITING AGENCY OR AGENCY.

This is a new home health agency.

C(III).7(d). For existing license providers document all deficiencies (if any) cited in the last licensure certification and inspection have been addresses through an approved plan or correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

QUESTIONS: C(III) – CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

C.(III).8. DOCUMENT AND EXPLAIN ANY FINAL ORDERS OR JUDGMENTS ENTEREDIN ANY SATE OR COUNTRY BY A LICENSING AGENCY OR COURT AGAINST PROFESSIONAL LICENSES HELD BY THE APPLICANT OR ANY ENTITIES OR PERSONS WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE APPLICANT. SUCH INFORMATION IS TO BE PROVIDED FOR LICENSES REGARDLESS OF WHETHER SUCH LICENSEIS CURRENTLY HELD.

None.

C(III).9. IDENTIFY AND EXPLAIN ANY FINAL CIVIL OR CRIMINAL JUDGEMENTS FOR FRAUD OR THEFT AGAINST ANY PERSON OR INTITY WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE PROJECT.

None.

C(III)10. F THE PROPOSAL IS APPROVED, PLEASE DISCUSS WHETHER THE APPLICANT WILL PROVIDE THE THSDA AND/OR THE REVIEWING AGENCY INFORMATION CONCERNING THE NUMBER OF PATIENTS TREATED, THE NUMBER AND TYPE OF PROCEDURES PERFORMED, AND OTHER DATA AS REQUIRED.

Yes. The applicant will provide the requested data consistent with Federal HIPAA requirements.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline in tact or submit a publication affidavit from the newspaper as proof of the publication of The Letter of Intent.

See Attachment

DEVELOPMENT SCHEDULE

Tennessee Code Annotated 68-11-1609© provided that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects from the date of its issuance and after such time shall expire; provided, that the Agency may, and granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

The Commercial Appeal Affidavit of Publication

STATE OF TENNESSEE COUNTY OF SHELBY

Personally appeared before me, Patrick Maddox, a Notary Public, Marianne Sheridan, of MEMPHIS PUBLISHING COMPANY, a corporation, publishers of The Commercial Appeal, morning and Sunday paper, published in Memphis, Tennessee, who makes oath in due form of law, that she is Legal Clerk of the said Memphis Publishing Company, and that the accompanying and hereto attached advertisement was published in the following editions of The Commercial Appeal, to-wit:

August 5, 2016

Subscribed and sworn to before me this 5th day of August, 2016.

My commission expires January 20, 2020.



NOTICE OF SUNSET PUBLIC HEARING

In accordance with Title 4, Chapter 29, Tennessee Code Annotated, the Government Operations Committees of the Tennessee General Assembly will conduct a public hearing to receive testimony on whether the entities listed below should be continued, restructured, or terminated. The hearings will be held in the Legislative Plaza, Nashville, Tennessee, as indicated below. Pertinent public testimony is invited.

Wednesday, August 17, 2016 at 9:00 a.m., in Room 12

*Board of Chiropractic Examiners
*Board of Communication Disorders and Sciences
*Board of Dentistry
*Board of Examiners in Psychology
*Board of Medical Examiners Committee on Physician Assistants
*Board of Optometry
*Board of Podiatric Medical Examiners
*Board of Veterinary Medical Examiners

*Department of Mental Health and Substance Abuse Services

*Statewide Planning & Policy Council for the Department of Mental Health &

Substance Abuse Services

Any changes in the above schedule which may become necessary will be announced at the Government Operations Committees' website at www.capitol.tn.gov/joint/committees/gov-opps/. For additional information or to request special accommodations for individuals with disabilities, contact: Joe Schussler, CPA, Assistant Director, Division of State Audit, Nashville, Tennessee; telephone: (615) 747-5303; e-mail: Joe Schussler@cot.tn.gov. Request for special accommodations should be made at least 24 hours prior to the meeting whenever possible.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with the T. C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Premier Health Care, LLC, owned by Catondria Brown, with an ownership type of Limited Liability Corporation, and to be managed by Catondria Brown, intends to file an application for a Certificate of Need to establish a licensed home health agency to provide home health services (primarily private duty nursing services) in Fayette, Haywood, Madison, Shelby and Tipton Countles in Tennessee, at a cost of \$50,000 for CON purposes. Its principal office will be located at 2855 Stage Village Cove, Suite # 5, Bartlett, Tennessee 38134. The anticipated date of filing the application is on or before August 15th, 2016. The contact person for the project is Catondria Brown, Chief Financial Officer, who may be reached at Premier Health Care, LLC, 2855 Stage Village Cove, Suite # 5, Bartlett, TN, 38134; (901) 388-2228.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

Pursuant to TCA § 68-11-1607(c)(1): (A) Any health care institution vishing to oppose a Certificate of Need application must file a rritten notice with the Health Services and Development Agency o later than fifteen (15) days before the regularly scheduled Health ervices and Development Agency meeting at which the application originally scheduled; and (B) Any other person wishing to oppose a application must file written objection with the Health Services and Development Agency at or prior to the consideration of the opplication by the Agency.

hereby given that the entire indebtedness has been declared due and payable; and that an agent of Wilson & Associates, P.L.L.C., as Successor Trustee, by virtue of the power, duty, and authority vested in and imposed upon said Successor Trustee, by U.S. Bank National Association, will, on September 7, 2016 on or about 11:00 AM, at the Dyer County Courthouse, Dyersburg, Tennessee, offer for sale certain property hereinafter described to the highest bidder FOR certified funds paid at the conclusion of the sale, or credit bid from a bank or other lending entity pre-approved by the successor trustee. The sale is free from all exemptions, which are expressly waived in the Deed of Trust, said property being real estate situated in Dyer County, Tennessee, and being more particularly described as follows:

CONTRACTOR CONTRACTOR AND ACTOR

Legal Notices

NOTICE TO FURNISHERS
OF LABOR
AND MATERIALS TO:
K & S Markers, Inc.
PROJECT NO.:
98049-4120-04
CONTRACT NO.: CNQ056

CONTRACT NO.: CNQ056
COUNTY: Shelby
The Tennessee Department of

Transportation is about to make final settlement with the contractor for construction of the above numbered project. All persons wishing to file claims pursuant to Section 54-5-122, T.C.A. must file same with the Director of Construction, Tennessee Department of Transportation, Suite 700 James K. Polk Bidg., Nashville, Tennessee 37243-0326, on or before 09/09/16.

NOTICE TO FURNISHERS
OF LABOR
AND MATERIALS TO:
Law Signs, LLC
PROJECT NO.:
98048-4199-04
CONTRACT NO.: CNP211
COUNTY: Shelby

The Tennessee Department of Transportation is about to make final settlement with the contractor for construction of the above numbered project. All persons wishing to file claims pursuant to Section 54-5-122, T.C.A. must file same with the Director of Construction, Tennessee Department of Transportation, Suite 700 James K. Polk Bldg., Nashville, Tennessee 37243-0326, on or before 09/16/16.

LAST DEED OF RECORD, BOUNDARY SURVEY HA! BEEN MADE AT THE TIMI

redal Notices

NOTICE OF TRUSTEE'S SALE
WHEREAS, default has occurred
in the nerformance of the cov-

redal Notices

Lying and being situated in the Fourth (4th) Civil District of

regal Notices

QUESTIONS: DEVELOPMENT SCHEDULE

1. PLEASE COMPLETE THE PROJECT COMPLETION FORCAST CHART ON THE NEXT PAGE. IFTHE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.

Project completion forecast chart is on the following page.

2. IF THE RESPONSE TO THE PROCEEDING QUESTION INDICATES THAT THE APPLICANT DOES NOT ANTICIPATE COMPLETING THE PROJECT WITHIN THE PERIOD OF VALIDITY AS DEFINED IN THE PRECEDING PARAGRAPH, PLEASE STATE BELOW ANY REQUEST FOR AN EXTENDED SCHEDULE AND DOCUMENT THE "GOOD CAUSE" FOR SUCH AN EXTENSION.

Not applicable. The applicant anticipates completing the project within the period of validity.

PROJECT COMPLETION FORECAST CHART

Enter the Agency Projected Initial Decision Date, as published in Rule 68-11-1609(c).

December 13, 2016

Assuming the CON decision becomes the final agency action on that date, indicate the number of days from the above agency decision date to each phase of the completion forecast.

<u>OUESTIONS: C(III) – CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF</u> HEALTH CARE

Table: 24 Project Completion Forecast Chart

DAYS REQUIRED	Anticipated Date
	(Month/Year)
102	03-2017
105	03-2017
	102

For projects that DO NOT involve construction or renovation: Please complete items 10-11 only.

NOTE: if litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

AFFIDAVIT

STATE OF Tennessee
COUNTY OF Shelby
being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, et seq., and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.
SIGNATURE/TITLE
Sworn to and subscribed before me this
Public in and for the County/State of <u>Tennessee</u> .
My commission expires (Month/Day)

INDEX OF ATTACHMENTS

- A.4 Ownership- Legal Entity and Organization Chart (If Applicable)
- A.6 Site Control
- B.IV. Floor Plan
- C, Need-3 Service Area Maps
- C, Economic Feasibility- 1 N/A
- C, Economic Feasibility 2 Documentation of Availability of Funding
- C, Economic Feasibility-10 Financial Statements
- C, Orderly Development-7 © Licensing & Accreditation Inspection N/A

Miscellaneous Information - Tables Included

Support Letters

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			97
			u .

PREMIER HEALTH CARE, LLC OWNERSHIP INFORMATION

NAME

PERCENTAGE OF OWNERSHIP

Catondria Brown

100%



Tennessee Secretary of State Tre Hargett

BUSINESS SERVICES CHARITABLE GIVID'S BLECTIONS FUDUICATIONS LIERARY & ARCHIVES CONTACT US

Business Services Chiling > Find and Update a Business Record

Business Information Search

As of July 05, 2016 we have processed all corporate filings received in our office through July 04, 2016 and all annual reports received in our office through July 04, 2016.

Click on the underlined control number of the entity in the search results list to proceed to the detail page. From the detail page you can verify the entity displayed is correct (review addresses and business details) and select from the available entity actions - file on annual report, obtain a certificate of existence, file an amendment, etc.

Seercha						1-1 of 1
	Search Name: P	remier Health Care, LLC	⊕ sı	arts With O Contain	15	
	Control #:					
Active	Entities Only	2				Search
Control #	Entity Type	Namo	Name Type	Namo Status	Entity Filing Date	Entity Status
000657502	FFC	PREMIER HEALTH CARE LLC TENNESSEE	Entity	Active	05/09/2011	Activo
						1-1 of 1

information about individual business entities can be queried, viewed and printed using this search tool for free

If you want to get an electronic (to of all business entitles in the database, the full database can be downloaded for a fee by Classing Hour

Clear Hear for information on the Business Services Online Search logic

Division of Business Services 312 Rosa L. Parks Avenue. Snodgrass Tower, 6th Floor Nashville, TN 37243 615-741-2286 8 00 a m until 4 30 p m (Central) Monday - Friday [Treet-Ang. | Story Helidays | Steffmers of Paymen!

Business Filings and information (615) 741-2286 | TNSOS CORPINFO@In.gov Certified Copies and Certificate of Existence (\$15) 741-6488 | TNSOS CERTIPIN DOV Hotor Vehicle Temporary Liens (615) 741-0529 J TNSOS MVTL@in.gov Uniform Commercial Code (UGC) (615) 741-3276 | TNSOS UCCIOIN pov Workers Compensation Exempt on Registrations (615) 741-0526 | TNSOS WCER® in oov Apostales & Authentications (815) 741-0536 | TRSOS ATS/000 GOV Summors (\$15) 741 1799 | TNSC5 ATS@In cov Trademarks (615) 741-0531 | TNSOS ATS@tn oor

A.6—SITE CONTROL

LEASE AGREEMENT AND CONTRACT

- PARTIES. THIS LEASE, dated the 8th day of January 2016 between McWaters Properties hereinafter called Landlord and Premier Health Care hereinafter called Tenant, witnesses that:
- 2. **PREMISES.** Landlord has and does hereby grant, demise and lease unto the said Tenant and Tenant has and does hereby hire and take from Landlord the following described premises situated in the City of Bartlett, County of Shelby, State of Tennessee.

Tenant's Address:

2855 Stage Village Cove

Suite #5

Bartlett, TN 38134

- 3. TERM. The term of the Lease shall be for a period of Thirty Six (36) months, beginning with the 15th day of January, 2016 and ending effective at 11:59 pm CST on the 31st day of December, 2018.
- 4. RENTAL. The Tenant agrees to pay the Landlord, without deduction, set-off, prior notice or demand, a total lease rental of Eight Thousand Fifty (\$8,050.00) dollars, payable in advance monthly installments of \$700.00 per month for Twelve (12) months, with January 2016 prorated rent to be \$350.00 beginning the 15th day of January, 2016. Total amount due at lease signing to be \$1,750.00 (Jan. & Feb. 2016 rents plus security deposit). A total lease rental of Eight Thousand Eight Hundred Twenty (\$8,820.00) dollars, payable in advance monthly installments of \$735.00 per month for Twelve (12) months, beginning January 1, 2017. A total lease rental of Nine Thousand (\$9,000.00) dollars, payable in advance monthly installments of \$750.00 per month for Twelve (12) months, beginning January 1, 2018. There will be no escalation due to taxes, management, maintenance, janitorial, insurance, or any other expenses associated with operating the building. Rent to be paid during the option period, if elected, shall be negotiated in good faith at time of election. All rentals due under this Lease are payable to the order of McWaters Properties at the following address: 2851 Stage Village Cove, Suite #2, Bartlett, TN 38134.
- 5. **SECURITY DEPOSIT.** Upon signing and delivery of this Lease to Landlord, Tenant shall deposit \$700.00 with Landlord as a security deposit. Said security deposit shall be remitted to Tenant upon expiration of the Lease, provided Tenant is current on all lease payments, the premises have suffered only normal wear and tear, and the premises are left in clean condition.

- 6. OPTION TO RENEW. It is further understood and agreed that in the event Tenant exercises his right to extend the lease for a period of One (1) Year, Tenant agrees to pay Landlord the sum of Nine Thousand Six Hundred dollars (\$9,600.00) to be paid in advance in monthly installments of Eight Hundred dollars (\$800.00) per month.
- UTILITIES. Landlord agrees to furnish gas, electrical, water, sewer, used in the Leased Premises at Landlord's expense.
- 8. NUISANCE, WASTE, INC. Tenant covenants and agrees with the said Landlord that the said premises shall be used and occupied in a careful, safe and proper manner as office space; that no nuisance, trade, or custom which is unlawful or known in insurance as extra or especially hazardous shall be permitted therein; and that no waste shall be committed upon, nor any damages be done to said premises.
- ALTERATIONS. Tenant shall not make any alterations to said premises without first obtaining written consent of the Landlord. Additions and improvements made by the Tenant shall be and remain the property of the Landlord.
- 10. SUBLETTING. Tenant hereby covenants and agrees that neither the said premises nor any part thereof shall be underlet without the consent in writing of the Landlord, nor shall this lease be assigned (whether of the benefit of the creditors of said Tenant or otherwise) without such written consent; however, such Tenant's right to sublet shall not be unreasonably withheld.
- 11. DEFAULT OF RENT. Rent is due on the 1st day of each month and is delinquent by the 7th day of the month. Any rent payment made by Tenant subsequent to the 10th day of the month shall incur a 5% late charge. Delinquent rent beyond the 15th of the month shall be considered a default of rent. If Tenant defaults in payment of rent, or defaults in the performance of any of the covenants or conditions hereof, Landlord shall give Tenant written notice of such default. If Tenant does not cure any such default within 45 days, after the delivery of such notice, then Landlord may terminate occupancy on not less than 15 days notice to Tenant. On the date specified in such notice, the term of the lease shall terminate, and Tenant shall then quit and surrender the premises to Landlord. Landlord may, at anytime thereafter, resume possession of the premises by and lawful means and remove Tenant or other occupants and their effects.

12. PROTECTION FROM VIOLATIONS. Tenant agrees to comply with the laws of the United States and the laws and the ordinance of the State, County, and City wherein the premises are located to the extent such laws and ordinances pertain to the manner in which Tenant shall use the premises. Further, Tenant agrees to save and hold the Landlord harmless from the violations of the Occupational Safety and Health Act of 1970 arising out of the Tenant's use of the Leased Premises.

- 13. CONDITIONS OF PREMISES, REPAIRS AND SERVICES. Tenant acknowledges that the premises are in good order and repair, unless otherwise indicated herein. Landlord agrees to deliver the premises with all electrical, plumbing, heating and air conditioning, and lighting in good working order. All necessary repairs to the heating and air conditioning system, plumbing, lighting fixtures (including light bulb replacement), roof and outside walls, including all exterior doors, shall be made by the Landlord, provided the Landlord is advised in writing by the Tenant, that such maintenance or repairs are required. It is agreed that all repairs and installation pertaining to phone equipment and jacks, and any trade fixtures installed by Tenant is the responsibility of the Tenant and shall be repaired and installed at the Tenant's expense.
- 14. LOSS OR DAMAGE TO TENANT'S PROPERTY. Tenant acknowledges that Landlord does not insure Tenant's personal property, fixtures, improvements or equipment. Accordingly, in order to contractually allocate risk of loss relative to all of such property, Tenant agrees that it shall store its property in and shall occupy the Premises and use all other portions of the property of which the Premises are a part, at its own risk. Irrespective of fault, Landlord and Landlord's agents and employees shall not be liable for, and Tenant waives all claims against them for, loss or damage to Tenant's business or damage to person(s) or property sustained by Tenant or any person claiming by, through or under Tenant resulting from any accident or occurrence in or upon the Premises or the building of which they are a part, or any part thereof. or resulting from any roof leak, or leak in outside walls or windows. The provisions of this Paragraph shall also apply to the period prior to the commencement of the Lease term where any permission is given by Landlord to Tenant for Tenant to perform any of its work and install any of its fixtures or otherwise prior to commencement of the Lease term.

- 15. LIABILITY FOR REPAIRS. Landlord certifies that the water, sewer pipes are in good condition. If said pipes are allowed to burst or to become stopped up due to Tenant's negligence, the Tenant must repair them at Tenant's own expense. If said pipes are allowed to burst or to become stopped up due to Landlord's negligence, the Landlord must repair them at Landlord's own expense.
- 16. RIGHT OF ENTRY. The Landlord may enter said premises at proper times to view and inspect same, or to make such repairs, additions and alterations or to run such pipes or electric wire as said Landlord may deem necessary for the safety, improvement, or preservation of the said premises. Landlord shall make provisions not to disrupt the normal business of the Tenant.
- 17. FIRE CLAUSE. In case said premises shall be so injured or damaged by fire or other cause as to be rendered untenantable, the rent shall abate, and if necessary repairs or rebuilding cannot be completed within one hundred eighty (180) days, this Lease shall terminate and the Tenant shall be allowed an abatement of rent from the time the premises were rendered untenantable. However, if the damage is such that rebuilding and repairs can be completed within one hundred eighty (180) days, the Landlord agrees to make such repairs with reasonable promptness and dispatch, and to allow Tenant an abatement in rent for such time as the leased space remains untenantable and the Tenant covenants and agrees that the terms of this Lease shall not be otherwise affected.
- 18. KIND OF BUSINESS. The business to be conducted within leased premises is as follows: Office use only.
- 19. BANKRUPTCY, ETC. Should bankruptcy, insolvency or receivership proceedings of any kind be instituted by or against Tenant, or any one of the Tenants if more than one are included in the designation "Tenant" herein, or should Tenant's interest in the Lease, or the interest of any one of the Tenants, if more than one are included under the designation "Tenant" herein, devolve or pass by operations of law to any other person or corporation, then, at the option of Landlord, that shall be considered a breach of the terms and conditions of this Lease, and Landlord may pursue the remedies provided in the "Default of Rent, Etc.," paragraph in this Lease and Agreement.

will be given to Tenant or Landlord
or nationally recognized overnight
Notice is effective upon receipt.

- 21. DELIVERY OF POSSESSION. Tenant agrees that if the Landlord is not able to deliver possession of the premises as herein provided, the Landlord shall not be liable for any damages to Tenant for such failure, but Landlord agrees to use due diligence to obtain possession for the Tenant at the earliest possible date, and an abatement of rent shall be allowed for such time as Tenant may be deprived of possession of said premises.
- 22. TENANT'S REQUIRED INSURANCE. Tenant shall, during the term, at its sole expense obtain and keep in force public liability insurance including bodily injury and property damage insuring Tenant and Landlord with minimum coverage as follows: \$1,000,000 combined (BI & PD) single limit per occurrence and \$2,000,000 general aggregate limit. Tenant shall provide Landlord with a Certificate of Insurance showing Landlord as additional insured. The Certificate shall provide for a thirty-day written notice to Landlord in the event of cancellation or material change in the coverage. To the maximum extent permitted by insurance policies, which may be owned by Landlord and Tenant, Tenant and Landlord for the benefit of each other, waive any and all rights of subrogation, which might otherwise exist. Notwithstanding the foregoing, Tenant shall have option to self insure all casualty losses mentioned above if Tenant's capital and surplus exceed \$50,000,000.
- 23. LANDLORD'S REQUIRED INSURANCE. Landlord shall, during the term, obtain and keep in force commercial general liability insurance coverage and "All Risk" Property Damage Insurance covering the building of which the Premises are a part (including exterior walls, downspouts, gutters and roof) excluding all improvements and fixtures required to be insured by Tenant pursuant to Paragraph 22, in such amounts and with such deductible amounts as Landlord determines prudent in Landlord's sold discretion. Landlord may also insure such other risks as Landlord may from time to time determine.
- 24. ATTORNEY'S FEES. In case suit should be brought for recovery of the premises or for any sum due hereunder, or because of any act which may arise out to the possession of the premises, by either party, the prevailing party shall be entitled to all costs incurred in connection with such action, including reasonable attorney fees, from the other party.
- 25. WAIVER. No failure of Landlord to enforce any term hereof shall be deemed to be a waiver.

- 26. OUTSIDE STORAGE, TRASH. Tenant agrees not to store any merchandise crates or materials of any kind outside the leased building. Tenant further agrees not to burn trash or other substance on the Leased premises. All trash shall be kept in containers that will be furnished by Landlord.
- 27. SIGN APPROVAL. Landlord shall have the right to approve in advance any sign to be placed on the building by Tenant. No sign shall be crected or attached to building without written approval of Landlord. If signage is to be furnished and installed by Landlord, such signage must be paid for in advance of any work being done.
- 28. GROUNDS MAINTENANCE. Landlord shall maintain the parking area and grounds.
- 29. QUIET ENJOYMENT. The Landlord agrees that if the Tenant pays the Rent herein reserved and performs the obligations of the Tenant hereunder, the Tenant will peacefully hold the Leased Premises throughout the Lease Term without disturbance from the Landlord.
- 30. SPECIAL STIPULATIONS. Tenant is allowed to use furniture left in office until Landlord requests them back.

IN WITNESS WHEREOF, the parties of this Lease have set their hands and seals to two copies hereof.

TENANT: Promier Health Care

. 0 18

DATE: 1/14/2016

LANDLORD: Lee McWaters

BY: Tee Mehalin

DATE: 1/14/2016

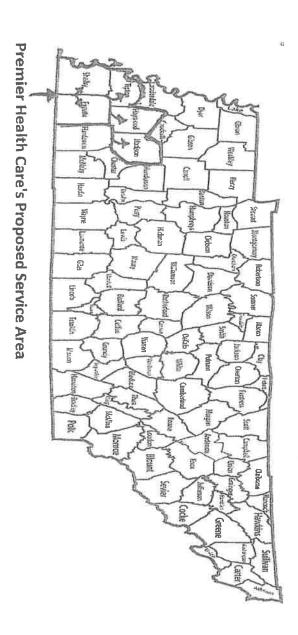
TITLE: Managing Partner

C.(I).3

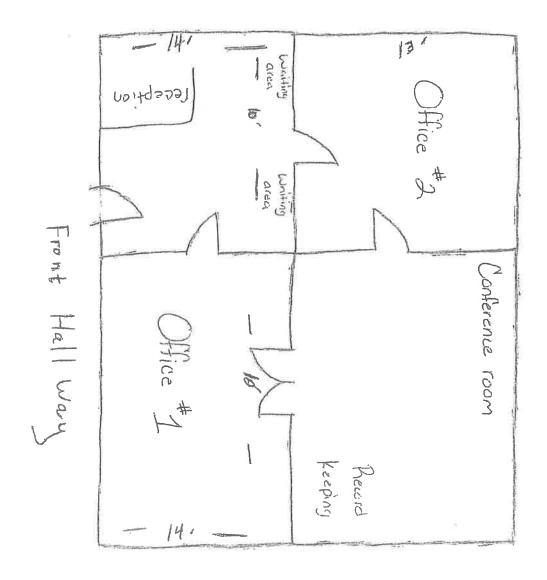
SERVICE AREA MAP

Premier Health Care's Proposed Service Area:

Fayette, Haywood, Madison, Shelby and Tipton Counties

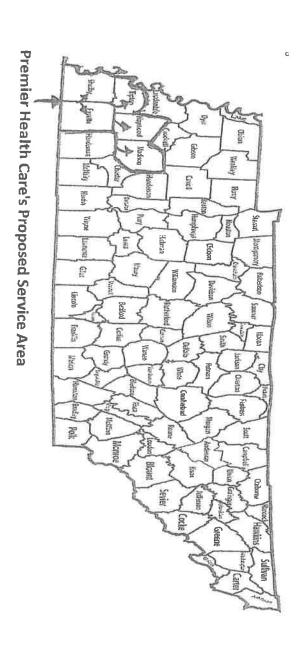


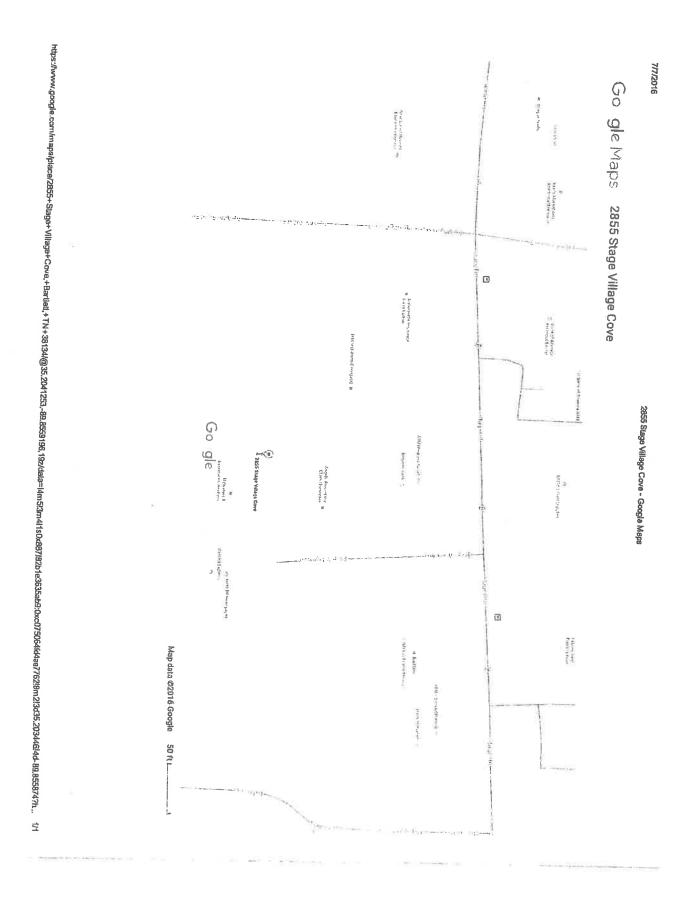
B.IV.—FLOOR PLAN



550 sq. ft approx

C, NEED—3 Service Area Maps

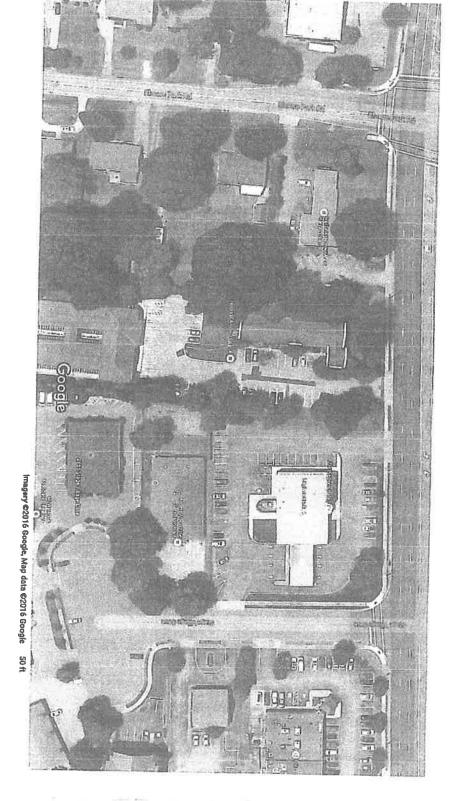




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C, Economic Feasibility—2 Documentation of Availability of Funding

Premier Health Care, LLC 2855 Stage Village Cove, Suite # 5 Bartlett, TN. 38134 Phone: 901-388-2228

August 1, 2016

Melanie M. Hill, executive Director Tennessee Health Services and Development Agency Andrew Jackson State Office Building, 9th Floor 500 Deadrick Street Nashville, TN. 37243

RE: Premier Health Care, LLC is applying for a Certificate of Need to establish its first home health office in Bartlett, Tennessee.

As the Chief Financial Officer of Premier Health Care, LLC, the owner of the proposed new agency, I am writing to confirm that Premier will provide the approximately \$50,000 of capital expenditures needed to implement this project. Premier Health Care, LLC's financial statements are provided in the application to demonstrate the company's capacity to fund this project.

Sincerely,

Catondria Brown Chief Financial Officer

C, Economic Feasibility—10 Financial Statements

Premier Health Care, LLC Consolidated Financial Statements – UNAUDITED

January - December 2014 and 2015

Premier Health Care, LLC Consolidated Balance Sheets January – December 2014 and 2015

	2015	2014
Assets Current assets		
Accounts Receivable	\$370,000	\$346,000
Gross Revenue Deductions from Operating Revenue	\$370,000	\$346,000
Provision for Bad Debt	1,500	0.00
Total Deductions	\$1,500	\$1,500
Net Operating Revenue	\$368,500	\$346,000
Expenses		
Salaries Supplies Professional Fees Rent	\$ 87,200 \$ 8,000 \$ 3,000 \$ 8,400	\$ 81,700 \$ 7,100 \$ 3,000 \$ 8,400
Total Operating Expenses	\$106,600	\$100,200
NET OPERATING INCOME (LOSS)	\$261,900	\$245,800

TABLES

C.1. - NEED

Table: 3 below illustrates Premier's estimate of its Year One composition from a clinical

Estimated Year One Composition of Cases By Clinical Need

Premier Health Care Services

perspective.

Type of Patient	Number - (%)	
Neurological *	6-38%	
Cardiovascular	2-12%	
Respiratory	2-12%	
Other *	6 – 38%	
Total Projected Patients, Year One	16- (100%)	

Percentages and patient numbers rounded

- Neurological traumatic brain injury, quadriplegic, paraplegic and others.
- Other Muscular Dystrophy, seizure disorder, gastrointestinal disease and other conditions.

C.1. - NEED
Table:4 Existing Agency Patients and Agency Pediatric Services and
Dependence

r		Dependence							
Health Statistic ID	Agency County	Agency Name	Total Counti es Served	Served in	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area		Pediatric patients
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	I	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
792 7 6	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
)	Shelby	Hemophilia Preferred Care	Pharm acy						
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
9536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
9106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
9316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
9506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
9136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
9526	Shelby	Still Waters Home Health	I	1				58	0.00%
9236	Shelby	Willowbrook Visiting Nurses Assoc	6	4		0		561	0.00%
	-64	Totals			18,487	674	3.60%	21,823	3.00%

Source: TDH 2015 Joint Annual Reports Registry for Authorized counties; Source: TDH 2015 - Department of Statistical Data

C.1. - NEED

Table: 5 2015 TennCare Payor Mix of Agencies Authorized in Services Area

19494 Davidson Elk Valley \$31,824,839 \$22,8 19544 Davidson Home Care Solutions Inc. \$9,626,513 \$0 24026 Fayette NHC HomeCare \$2,280,789 \$0 24036 Fayette Where the Heart Is \$2,344,460 \$250 57095 Madison Extendicare Home Health of West Tennessee \$5,139,289 \$0 79456 Shelby Accredo Health Group, Inc. \$0 \$0 79466 Shelby Alere Women's and Children's Health LLC \$532,931 \$187. 79146 Shelby Amedisys Home Care \$3,379,165 \$0	0.00%
24026 Fayette NHC HomeCare \$2,280,789 \$0 24036 Fayette Where the Heart Is \$2,344,460 \$250 57095 Madison Extendicarc Home Health of West Tennessee \$5,139,289 \$0 79456 Shelby Accredo Health Group, Inc. \$0 \$0 79466 Shelby Alere Women's and Children's Health LLC \$532,931 \$187.	0.00% ,218 10.67% 0.00%
24036 Fayette Where the Heart Is \$2,344,460 \$250 57095 Madison Extendicare Home Health of West Tennessee \$5,139,289 \$0 79456 Shelby Accredo Health Group, Inc. \$0 \$0 79466 Shelby Alere Women's and Children's Health LLC \$532,931 \$187.	,218 10.67% 0.00% 0.00%
57095 Madison Extendicarc Home Health of West \$5,139,289 S0 Tennessee Shelby Accredo Health Group, Inc. \$0 S0 79466 Shelby Alere Women's and Children's \$532,931 S187.	0.00%
Tennessee	0.00%
79466 Shelby Alere Women's and Children's \$532,931 \$187.	
Health LLC	.059 35.10%
79146 Shelby Amedisys Home Care \$3,379,165 \$0	
	0.00%
79246 Shelby Amedisys Home Health Care \$2,560,156 \$0.00	0.00%
79386 Shelby Amedisys Tennessee, LLC \$5,994,682 \$0	0.00%
79256 Shelby Americare Home Health Agency, S4,597,317 \$82,4	1.79%
79276 Shelby Baptist Trinity Home Care \$8,819,896 \$0	\$0.00
79446 Shelby Baptist Trinity Home Care- Private \$105,992 \$0	S0.00
79546 Shelby Bost Nurses, Inc \$587,773 \$34,9	5.95%
79556 Shelby Coram/CVS Specialty Infusion \$44,285 \$0	\$0.00
79206 Shelby Family Home Health Agency \$2,429,693 \$708,	,945 29.18%
79496 Shelby Functional Independence Home \$16,088,606 \$12.5	77.84%
O Shelby Hemophilia Preferred Care of Memphis Pharmacy	
79486 Shelby Home Health Care of West TN \$13,455,448 \$9,40	08,321 69.92%
79379 Shelby HomeChoice Health Services \$9,939,690.00 \$3,11	0,466 31.29%
79226 Shelby Intrepid USA Healthcare Services \$2,631,668 \$0	0.00%
79536 Shelby Maxim Healthcare Services, Inc \$12,648,142 \$11,8	93.89%
79106 Shelby Meritan, Inc \$2,517,728 \$361,	,846 14.37%
79316 Shelby Methodist Alliance Home Care \$7,676,244 \$92,4	1.20%
79506 Shelby No Place Like Home \$14,336,680 \$13,5	94.25%
79136 Shelby Quality Home Health =Extended \$4,946,049 \$3,74	8,824 75.79%
79526 Shelby Still Waters Home Health \$410,000 \$0	0.00%
79236 Shelby Willowbrook Visiting Nurses \$1,473,079 \$0	0.00%
Totals \$157,417,744 \$78,	748,143 50.00%

Source: TDH 2015 Joint Annual Reports/Registry of Authorized Counties Source: TDH 2015 Department of Statistical Data

C.1. - NEED Table: 6 Agencies That Have Private Duty Pediatric Care and Have TennCare Payor

Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency		TNCare Gross Revenue	TNCare % of Gross Revenue
19494	Davidson	Elk Valley	74	5	32	15	\$31,824,839	f22 951 460	mi con
24036	Fayette	Where the Heart Is	3	3	1,044	99		\$22,851,469	71.80%
79496	Shelby	Functional Independence Home	3	3	1,915	169	\$2,344,460 \$16,088,606	\$250,218 \$12,524,168	10.67% 77.84%
79486	Shelby	Home Health Care of West TN	4	3	552	9	\$13,455,448	\$9,408,321	69.92%
793 7 9	Shelby	HomeChoice Health Services	6	4	1,269	5	\$9,939,690.00	\$3,110,466	31.29%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	\$12,648,142	\$11,875,369	93.89%
9506	Shelby	No Place Like Home	3	3	80	75	\$14,336,680	\$13,511,680	94.25%
		Totals 2015 mp			5,150	491	\$100,637,865	\$73,531,691	73.00%

Source: 2015-TDH Joint Annual Reports Registry for Authorized Counties Source: TDH – 2015 Statistical Data

C.1. - NEED

- The proposed charges shall be reasonable in comparison to the charges of other similar facilities in the proposed service area or in adjoining service areas.
 - a. The average cost per visit by service category shall be listed.

Table: 7 Cost & Charge Comparisons With Service Area Agencies That Provide Similar Services

Agency	Cost Per	Visit	Charge F	er Visit	Cost Per	Cost Per Hour		Charge Per Hou	
	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	
1	N/R	N/R	\$79	\$40	N/R	N/R	\$35	\$22	
2	60	\$24	\$98	\$40	N/R	N/R	N/R	N/R	
3	N/R	N/R	\$93	\$38	N/R	N/R	N/R	N/R	
4	\$123	\$56	\$121	\$55	N/R	N/R	\$33	\$20	
5	\$108	\$47	\$66	\$20	N/R	N/R	\$15	\$9	
6	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22	
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25	
Premier Proposed Agency 2016- 2017	\$47	\$17	\$80	\$27	\$25	\$11	\$38	\$22	

Source: 2015 Joint Annual Reports; and Premier management

- Key to Agencies
 - Elk Valley Health Services Davidson; ID 19494
 - 2. Where The Heart Is Fayette: ID 24036
 - Functional Independence Shelby: ID79496
 - 4. Home Health Care of West Tennessee, Inc. Shelby: ID79486
 - Homechoice Health Services Shelby: ID 793676
 - 6. Maxim Health Care Service Shelby: ID 79536
 - 7. No Place Like Home Shelby: ID 79506

C.1. - NEED

a. The average cost per patient based upon the projected number of visits per patient shall be listed.

2	Year One - 2017	Year Two - 2018
Patients	16	
Total Visits		25
	1,120	1,750
Skilled Nursing Visits (80%)	896	
Cost per Skilled Nursing Visit		1,400
Total Cost, Skilled Nursing Visits	\$47.00	\$47.00
Training Visits	\$42,112.00	\$65,800
Home Health Aide Visits (20%)	224	250
Cost Per HH Aide Visit	\$17.00	350
Total Cost, HH Aide Visits		\$17.00
	\$3,808.00	\$5,950.00
Total Cost Skilled Nursing + HHAide	£45 020 00	
Total Cost Per Patient	\$45,920.00	\$71,750.00
- control through	\$2,870.00	\$2,870.00

NEED

C.1.3.

IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLNESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA. PLEASE SUBMIT THE MAP ON A 8-1/2" X 11" SHEET OF WHITE PAPER MARKED ONLY WITH INK DETECTABLE BY A STANDARD PHOTOCOPIER (I.E., NO HIGHLIGHTERS, PENCILS, ETC.).

Table: 9 Projected Patient Volume Per County - Premier Health Care

nt of Total	Year One Patients	Year Two Patients
18.75%		A
6.25%	1	7
25.00%	4	
37.50%	6	J 11
12.50%	2	11
100.00%	16	25
	18.75% 6.25% 25.00% 37.50% 12.50%	18.75% 3 6.25% 1 25.00% 4 37.50% 6 12.50% 2

Source: TDH population projections 2015.

NEED

C(1).4.A. DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.

Table: 10 - `Demographic Characteristics of Project Service Area

Premier Health - 2015-2019

Demographic	Fayette County	Haywood County	Madison County	Shelby County	Tipton	State Of Tennessee
Population Base 2010	38,413	18,787	98,294	927,640	61,081	6,346,105
Total Population 2015	43,631	18,477	102,429	953,899	66,234	
Total Projected Population	47,573	10 100			00,234	6,735,706
2019	77,313	18,198	105,581	975,626	70,220	7,035,572
% Population change 2015-	17.7%	.96%	7.5%			
2019		.50%	7.5%	3.8%	11.89%	6.1%
% population change 2010- 2015	2.0	-4.1\$	7%	1.1%	1.3%	3.8%
				-		
Age 65+ Population-2015	18.7%	16.1%	15.3%	11.8%	13.1%	15.6%
Age 65+ Population 2010	14.9%	13.7%	13.2%	10.3%	11.1%	4.0%
Age 65+ Population 2019	22.0%	19.14%	17.29%	13.3%	14.9%	17.3%
Age 18-64 Population 2015	59.3%	59.6%	60.6%	62.3%	61.4%	61.2%
Age 18-64 Population 2010				1		
Age 18-64 Population-2019	57%	57.67%	58.90%	60.9%	60.7%	60%
age 0-17 population 2015	21.9%	24.1%	24.05%	25.8%	25.4%	23.1%
ge 0-17 Population 2010	23.1%	25.655	24,0%	26.4%	27.2%	5.96%
ge 0-17 population-2019	20.9%	23.18%	23.8%	25.7%	24.3%	22.8%
Nedian Income	\$55,623	\$33,922	\$42,069	\$46,213	\$42,069	\$44,621
ersons Below Poverty Rate	14.5%	23.7%	20.1%	21.3%	13.1%	17.8%
of Population w TennCare - 015	16%	32%	25%	27%	21%	22.5%
of Children Below Poverty	22.1%	32.1%	31.1%	32.5%	16.7%	25.7%
of 65+	10.2%	17.7%	9.5%	11%	8.8%	10.00/
elow Poverty Rate				70	0.076	10.0%

Source: The University of TN Center for Business and Economic Research Population Data Files, Reassembled by TDH, Division of Policy, Planning and Assessment. NOTE: These data will not match the University of Tennessee Datea exactly due to rounding (By TDH Division of Policy, Planning and Assessment) Source: US Census Bureau April 1, 2010 – July 1, 2015 - Source: Joint Annual Report of Home Health

American Fact Finder 2010- 2015 TennCare Enrollment Report - 2015

C(1)5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON'S, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND IT UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY. INPATIENT BED PROJECTS MUST INCLUDE THE FOLLOWING DATA: ADMISSIONS OR DISCHARGES, PATIENT DAYS, AND APPROPRIATE MEASURES, E., G., CASES, PROCEDURES, VISITS, ADMISSIONS, ETC.

Table: 11 Existing Agencies, Total Counties Served, Counties Served in Project's Service Area

	lable: 11 Existi	ng Agencies, Total Counties Served, Counties Se	rved in Project's Serv	ica Area	
Health Statistics ID	Agency County Agency Name		Total Counties Served	Total Counties Served in Project Service Area	
19494	Davidson	Elk Valley	74	5	
19544	Davidson	Home Care Solutions Inc.	38		
24026	Fayette	NHC HomeCare	8	5	
24036	Fayette	Where the Heart Is	3	3	
57095	Madison	Extendicare Home Health of West Tennessee	21	5	
79456	Shelby	Accredo Health Group, Inc.	6	4	
79466	Shelby	Alere Women's and Children's	7	5	
79146	Shelby	Amedisys Home Care	3	3	
79246	Shelby	Amedisys Home Health Care	3	3	
79386	Shelby	Amedisys Tennessee, LLC	5	4	
79256	Shelby	Americare Home Health	2	2	
79276	Shelby	Baptist Trinity Home Care	3	3	
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	
79556	Shelby	Coram/CVS Specialty Infusion	25	5	
79206	Shelby	Family Home Health Agency	1	1	
79496	Shelby	Functional Independence Home	3	3	
	Shelby	Hemophilia Preferred Care	Рһаппасу	 	
9486	Shelby	Home Health Care of West TN	4	3	
9379	Shelby	HomeChoice Health Services	6	4	
9226	Shelby	Intropid USA Healthcare Services	1		
9536	Shelby	Maxim Healthcare Services, Inc	6	5	
9106	Shelby	Meritan, Inc	1	1	
9316	Shelby	Methodist Alliance Home Care	3	3	
9506	Shelby	No Place Like Home	3	3	
9136	Shelby	Quality Home Health = Extended	3	3	
9526	Shelby :	Still Waters Home Health	1		
9236		Willowbrook Visiting Nurses Assoc	6	4	
		Number of Home Health Agencies	28		

Source: TDH Joint Annual Report - 2015

QUESTIONS: NEED C.(I).5

Healt Statist ID			100		Pediau s 0-17	ic Pati 65+	ents 2013 Visit	201	3 .	2014 Pts.	Pec 0-1	is. Pa	itients 5+	2014 Visits	201	4 20	015 atien	Pediatr		nts 2015 Visit	
19494	Davids	on Elk Valley	12	77	141	23	0.33	2 200	0.5			_			1	ts		0-17yrs		A1211	2 hours
19544	Davids			,930	0	1,56	9,22		.065		150	31		35,65	5 0	45	7	195	100	112,4	411 945,2
		Solutions Inc.		120		1,50.	3 88,5	19 0		1,689	0	1,3	383	75,462	2 0	2,9	998	161	1,899	42,1	13 521,6
24026			re 2	26	0	155	8,535	5 0	3	301	0	22	2	9,534	0	42	1		-	-	
24036		1100		16	18	92	3,487	110,	724 1	104	0	10	_	17,020	-	-	-	99	335	12,03	
57095	Madiso	n Extendicare Ho Health of West	me 2.	741	0	2299	93,57	2 0	8	332	1	683		25,375		-	96	0	1,029	19,18	_
79456	Shelby	Accredo Health Group, Inc.		2	5	ļ	0	12	2	:1	9	3		N/R	N/R	23		8	5	N/R	N/R
79466	Shelby	Alere Women's and Children's	31	13	4	369	3214	4821	3.	35	1	0		3,037	4,556		3		0	3,641	
79146	Shelby	Amedisys Hom Care	e 10	60	0	956	26,13	8 0	1,	,069	0	949	1	24,200	0	948		0	864	20,02	
79246	Shelby	Amedisys Hom Health Care	93	6	0	782	19,461	1 0	83	37	0	699		16,071	0	737)	514	16,044	
79386	Shelby	Amedisys Tennessee, LLC	19	34	o	1,653	47,620	0	1,	856	0	153	2 4	40,681	0	554		,	181	11,879	
9256	Shelby	Americare Hom Health	e 1,3	36	10	1,110	75,127	0	1,:	295	6	566	4	17,737	0	828	0	16	146	31,431	
9276	Shelby	Baptist Trinity Home Care	3,8	62	0	2,604	46,775	0	3,2	236	1	2,20	9 4	16,051	0	3,16	9 0	2	,247	47,274	0
9446	Shelby	Baptist Trinity Home Care- Priv	1	(D	0	0	4,466	1		0	0	1	67	0	1	0	0	<u> </u>	86	0
9546	Shelby	Best Nurses, Inc *(Inactive)	364	C)	284	24,540	4,420	170	6	1	133	9,	,251	21,279	9	1	6		219	29,900
9556	Shelby	Coram/CVS Specialty Infusion	N/A		V/A	N/A	N/A	N/A	N/A	A	N/A	N/A	N	I/A	N/A	4	0	1		8	1.1
206	Shelby	Family Home Health Agency	379	5		368	23,705	0	428	3	3	408	21	1,529	0	504	3	4.5	58	23,182	0
496	Shelby	Functional Independence	953	7	7	288	32,077	0	1,49	94	194	546	40),666	0	1,915	16	9 63	6	9,838	320,720
	Shelby	Hemophilia Preferred Care	N/R	N	/R	V/R	N/R	N/R	N/R		N/R	N/R	N/	R	N/R	N/R	N/	R N/	R	N/R	N/R
486		Home Health Care of West TN	1,01	43	3 5	76	33,710	292,871	754		19	492	19	,002	299,766	577	9	41	1	17,042	340,010
379		HomeChoice Health Services	12	5	7		0	12	2322	2 2	1	1628	72,	,135	108,251	1525	5	1,1	59 6	57,844	52,149
226		Intrepid USA Healthcare	605	0	4	72	18,375	0	522	o	Q.	385	17,	166	0	565	0	412	2 1	7,934	0
36		Maxim Healthcare	155	80	1	7	805	237,411	173	9	9	13	3,7	91 2	285,972	275	123	32	6	51	375,306
06	-	Meritan, Inc	609	0		58	16,870	10,160	632	0		552	20,	329 0		652	0	611	-	4,436	2,498
16		Methodist Alliance Home Care	244	15	11	3	38,961	0	3,149	9 1.	55	1954	40,	299 0)	3,178	140	_			0
06		No Place Like Home	58	48	0		0	0	281,8	330 7	1	0	0	2	95,930	80	75	0	0		471,548
36		Quality Home Health =Extended	79	0	54		1,745	0	204	17	,	68	6,05	56 0		291	36	69	10		0
26	Shelby S	till Waters Home	101	0	72	4	F,012	0	71	0		64	2,66	0 0		58	0	39	\perp		0
6	Shelby V	Villowbrook		-						- 1	- 1		1	1		- 4			100	-	A.C.

Table: 13 Existing Agency Patients By Service Area Counties; and Dependence on Service Area and on Pediatric Patients

Statis		Agency Name	Total Counties Served	Total	Total Agency Pts. Fro Project	m 0-17 served in	Pediatric pts. In service	Tota Patie in T	patients in Service area
19494	Davidson		74	5	32	15	46.80%	457	3.20%
19544	Davidson	THE DESIGNATIONS INC.	38	1	0	0	0.00%	1,813	
24026	Faycue	NHC HomeCare	8	5	345		0.28%	421	
24036	Fayette	Where the Heart Is	3	3	1,044	99	9,48%	1,044	0.23%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	122	
79466	Shelby	Alere Women's and Children's	s 7	5	389	1	0.25%	23	30.40%
79146	Shelby	Amedisys Home Care	3	3	948	0		438	0.22%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	948	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	737	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	554	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	828	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	3,169	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1,	11.00%	-	
9556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	9	0.00%
9206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.500
9496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	0.59% 8.80%
	Shelby	Hemophilia Preferred Care	Pharmacy						
9486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1 cent
9379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%		1.55%
9226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	1,525 565	0.32%
9536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
316	Shelby	Methodist Alliance Home Care	3	3	3,178	139		3,178	4.37%
506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
136	Shelby	Quality Home Health =Extended	3	3 2	291			291	12.37%
526	Shelby	Still Waters Home Health	1	1 4	58	0	0.000	-0	
236	Shelby	**************************************	5		544			58 561	0.00%
		Totals							1

Source TDH - Joint Annual Reports Pg 8 -10

Table:14 Existing Agency Patients and Agency Pediatric Services and Dependence

Health Statist ID	county County	Agency Name	Total Counties Served	Total Counti s Serve in Project Service Area	From Project Service	Pediatric patients 0-17 served in Project service area by agency	pts. In service	Total Patien in TN	patients in Service
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3,20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	
57095	Madison	Extendicare Home Health of West Tennessee	of 21	5	539	0	0	1,196	9.45% 0.00%
79456	Shelby	Accredo Health Group, Inc.	. 6	4	22	7	31.80%		
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	30.40% 0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	040	10.000
79246	Shelby	Amedisys Home Health Car	re 3	3	737	0	0.00%	948	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	737	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	554	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	828	0.00%
9446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	3,169	0.00%
9546	Shelby	Best Nurses, Inc *(Inactive)	1	L	9	1	11.00%	9	11.0004
9556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
9206	Shelby	Family Home Health	1	1	504	3	0.59%	504	0.5004
9496	Shelby	Functional Independence	3	3	1,915	169	8.80%	1,915	0.59%
	Shelby	Hemophilia Preferred Care	Phar				0.0070	1,713	8.80%
9486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
379	Shelby	Home Choice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
536	Shelby	Maxim Healthcare Services	6	5	258	114	44.10%	275	41,40%
106	Shelby	Meritan, Inc	i	1 6	552	0			
316	Shelby	Methodist Alliance	3	-		139		652	0.00%
506	Shelby	No Place Like Home	3	++				3,178	4.37%
136		Quality Home Health =Extended	3	-		36		291	93.75%
526	Shelby	Still Waters Home Health	1	1 5	8 (0.00%	58	0.009/
236		Willowbrook Visiting Nurses Assoc	6		44 0				0.00%
				1	8,487	174	3.60% 2	21,823	3.00%

The following table illustrates the pediatric utilization of the twenty eight existing agencies licensed to serve this area in terms of the total number of counties they serve in Tennessee, the number of counties in this proposed area they serve, the agencies total number of pediatric patients they serve as a percentage of the total patients in the state.

Table: 15 Existing Agency Patients and Agency Pediatric Services and

[Dependence	-				diatite be		
Health Statistic ID		Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts, From Project Service Area	0-17 served in	pts. In service area	Agency Total Patient in TN	Pediatric
19494	Davidson		74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	i	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30,40%
79466	Shelby	Alcre Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169		0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	I	1		0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9		11.00%	9	
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4		0.00%	4	11.00%
79206	Shelby	Family Home Health Agency	1	1			0.59%		0.00%
79496	Shelby	Functional Independence Home	3	3			8.80%	504	0.59%
)	Shelby	Hemophilia Preferred Care	Pharmacy		1,770	107	3.0076	1,915	8.80%
79486	Shelby	Home Health Care of West TN		3	552	9 1	.63%	F707	
9379	Shelby	HomeChoice Health Services		4				577	1.55%
9226		Intrepid USA Healthcare Services		1		-			0.32%
9536	Shelby	Maxim Healthcare Services, inc		5					0.00%
9106		Meritan, Inc		1					41.40%
9316	Shelby	Methodist Alliance Home Care		3					0.00%
9506	Shelby	No Place Like Home	3						4.37%
9136	Shelby	Quality Home Health =Extended	3						93.75%
9526		Still Waters Home Health	1		58 0				12.37%
-		Willowbrook Visiting Nurses	6 4					-).00%
			-		544	0.	00% 5	61 (0.00%
		Totals ource TDH – Joint Annual			18,487	74 3.	60% 2	1,823	3.00%

Source TDH - Joint Annual Reports Pg 8 -10

Question: C. I.3 (Continued)

Table: 16 (a) Premier Projected Utilization - Year One (2017) Patients

County	Private Duty	Year One Patients	Visits	Hours
Fayette	18.75%	3	210	2,520
Haywood	6.25%	1	70	840
Madison	25.00%	4	280	
Shelby	37.50%	6	420	5,040
Tipton	12.50%	2	140	1,680
Total All Counties	100.00%	16	1,120	13,440

Source: Patients, Visits, Hours from Premier Management

Table: 16 (b) Year Two (2018) Patients

Percent of Total	Year Two Patients	Visits	Hours
18.75%	4	280	3,360
6.25%	2	140	
25.00%	5	350	
37.50%	11		9,240
12.50%	3		2,520
100.00%	25	1,750	21,000
	18.75% 6.25% 25.00% 37.50% 12.50%	Patients 18.75% 4 6.25% 2 25.00% 5 37.50% 11 12.50% 3	Patients 18.75% 4 280 6.25% 2 140 25.00% 5 350 37.50% 11 770 12.50% 3 210

Visits, and hours allocated to patients in proportion to population

Table: 17 (a)

Premier Projected Utilization by Discipline - Year One - 2017

Discipline	Staff	Visits	Hours	
Skilled Nursing		896		
Aides	15	224	2,688	
Total	23			

Table 17 (b) Year Two - 2018

Discipline	Staff	Visits	Hours	
Skilled Nursing	10	1400	16,800	
Aides	20	350	4,200	
Total	30	1,750	21,000	

Table 18(a): Premier Projected Payor Mix on Gross Revenue (Billing) Year One

	Medicare	%	TennCare/ Medicaid	%	Commercial	%	Self Pay	%	Other	%	Total (100%)
Patients	0	0.00%	16	100%			†	1	0	0.00%	100.00%
Visits	0	0.00%	1120	100%				0.00%	0	0.00%	100.00%
Hours	0	0	13400	100%				0.0070	0	0.00%	
Gross Revenue Per Visit	20.00	0	\$77,728							0.00%	100%
Gross Rev/Hr	\$0.00	0	\$467,712							+	
Gross Rev/Patient	\$0.00	0	\$34,090						1		

Source: Premier Management

Table 18(b): Premier Projected Payor Mix on Gross Revenue (Billing) Year Two

	Medicare	%	TennCare/ Medicaid	%	Self Pay	%	Commercial	%	Other	%	Total (100%)
Patients	0	0.00%	23	92.00%			2	8.00%	 	-	100.00%
Visits	0	0.00%	1575	90%		***************************************	175	10%			100.0076
Hours	0	0	18900	90%			2,100	10%			<u> </u>
Gross Revenue Per Visit	S0.00	\$0.00	\$109,305	90%			S12,145	10%			
Gross Rev/Hr	\$0.00	\$0.00	\$657,720	90%			\$73,080	10%	-		
Gross Rev/Patient	S0.00	\$0.00	\$33,348.90				S42,612	10%			

Source: Premier management - Note: TennCare and the VA Medical Centers require its providers to maintain a Medicare provider number. Premier will be a private duty company. We are committing not to compete with other home health agencies for Medicare patients.

C(II).5. PLEASE IDENTIFY THE PROJECTS AVERAGE GROSS CHARGE. DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE

Table: 19 Average Charges, Deductions, and Net Charges

	CY 2017	CY 2018
Hours	13,440	21,000
Average Total Agency Gross Revenue, Per Hour	\$40.58	\$40.58
Average Total Agency Deduction, Per Hour	\$0.50	\$0.50
Average Total Net Charge (Net Operating Revenue), Per Hour	\$40.08	\$40.08
Average Total Agency Net Operating Income After Capital Expenditure, Per Hour	\$6.11	\$9.16

Source: Premier Management

C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREA, OR TO PROPOSED CHARGES OG PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).

Table: 20: Cost & Charge Comparisons With Service Area Agencies That Provide Similar

Agency		Cost Per Visit		er Visit	Cost Per	Hour	Charge F	Oar Hou
	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide
1	N/R	N/R	\$79	\$40	N/R	N/R	en c	-
2	60	\$24	\$98	\$40	N/R		\$35	\$22
3	N/R	N/R	\$93	\$38		N/R	N/R	N/R
4	\$123	\$56	\$121		N/R	N/R	N/R	N/R
5	\$108		-	\$55	N/R	N/R	\$33	\$20
6		\$47	\$66	\$20	N/R	N/R	\$15	\$9
0	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25
Premier Proposed Agency 2016- 2017	\$47	\$17	\$80	\$27	\$25	\$11	\$38	\$22

Source: 2015 Joint Annual Reports; and Premier management

Key to Agencies

- 8. Elk Valley Health Services Davidson; ID 19494
- 9. Where The Heart Is Fayette: ID 24036
- 10. Functional Independence Shelby: ID79496
- 11. Home Health Care of West Tennessee, Inc. Shelby: ID79486
- 12. Homechoice Health Services Shelby: ID 793676
- 13. Maxim Health Care Service Shelby: ID 79536
- 14. No Place Like Home Shelby: ID 79506

C(II).9. DISCUSS THE PROJECTS PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DISCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF THE REVENUE AND PERCENTAGE OF THE TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICAREM OR THER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.

Table 21: Medicare and TennCare/Medicaid Revenues, Year One

	Medicare	TennCare/Medicaid
Gross Revenue	\$0	\$545,440
Percent of Gross Revenue	0.0%	100%

Source: Table 18(b) Above

C(III).2. DESCRIBE THE POITIVE AND/OR NEGATIVE EFFECTS OF THE PROPOSAL ON THE HEALTH CARE SYSTEM. PLEASE BE SURE TO DISCUSS ANY INSTANCES OF DUPLICATIONS OR COMPETITION ARISING FROM YOUR PROPOSAL. INCLUDING A DESCRIPTION ON THE EFFECT THE PROPOSAL WILL HAVE ON THE UTILIZATION RATES OF EXISTING PROVIDERS IN THE SERVICE AREA OF THE PROJECT.

Table: 6 Agencies That Have Private Duty and Private Duty Pediatric Care and Have TennCare Payor Mix

Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Gross Revenue	TNCare Gross Revenue	TN Care % of Gross Revenue
19494	Davidson	Elk Valley	74	5	32	15	\$31,824,839,00	\$22,851,469	71.80%
24036	Fayette	Where the Heart Is	3	3	1,044	99	\$2,344,460	\$250,218	10.67%
79496	Shelby	Functional Independence Home	3	3	1,915	169	\$16,088,606	\$12,524,168	77.84%
79486	Shelby	Home Health Care of West	4	3	552	9	\$13,455,448	\$9,408,321	69.92%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	\$9,939,690.00	\$3,110,466	31.29%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	\$12,648,142	\$11,875,369	93.89%
9506	Shelby	No Place Like Home	3	3	80	75	\$14,336,680	\$13.511,680	94.25%
		Totals			5,150	486	S100,637,865	\$73,531,691	

Source: 2015- TDH Joint Annual Reports Registry for Authorized Counties

Source: TDH - 2015 Statistical Data

C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE'S FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.

Table: 22 TDOL Average Salaries for the Region

Position	Entry Level	Medium	Experienced
RN	\$40,392	\$52,500	\$64,608
LPN	\$28,716	\$37,320	\$45,924
HH Aide	\$17,628	\$22,908	\$28,188

Source: Tennessee Department of Labor and Workforce Development Occupational Classification Compensation Alpha Numeric Plan – June 1,

Please see the following Table: 23 which shows Premier's projected staffing

Table: 23 Premier Health Care's Projected Staffing

Position Type	Year One FTE's	Year Two FTE's	Annual Salary Range
Office Positions, Management and Clinical			
Administrative Officer	1.0	1.0	\$70,000-\$75,000
RN Supervisor	1.0	1.0	\$36,000-\$38,000
Recruiter	1.0	1.0	\$17,000-\$17,500
Staff Coordinator	1.0	1.0	\$17,000-\$17,500
Payroll Clerk	1.0	1.0	\$17,000-17,500
Subtotal, Office FTE's	5.0	5.0	727,000 17,300
Clinical Positions in Field			
Registered Nurse	6	8	\$40,000-\$45,000
icensed Practical Nurse	2	4	\$28,700-\$29,000
lome Health Aide	15	20	\$17,600-\$18,000
ubtotal Field FTE's	23	32	

1. PLEASE COMPLETE THE PROJECT COMPLETION FORCAST CHART ON THE NEXT PAGE. IFTHE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.

Table: 24 Project Completion Forecast Chart

PHASE	DAYS REQUIRED	Anticipated Date
	=	(Month/Year)
*Issuance of License	102	03-2017
*Initiation of Service	105	03-2017
	involve construction or respective Di-	

For projects that DO NOT involve construction or renovation: Please complete items 10-11only.

NOTE: if litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

SUPPORT LETTERS



July 7, 2016

Dear Toni Smith.

My name is Nicole Petrouski and I serve as the Senior Family Services and Clinical Coordinator for the Muscular Dystrophy Association which covers Western TN, Eastern Arkansas and Mississippi.

Many of our families are in need of a quality homecare provider specifically private duty nursing for hourly care. Our families have a wide range of neuromuscular diseases in which require different levels of care. Currently our MDA office in Memphis serves over 1600 people in the Memphis area and in the entire state of Mississippi with muscle disease.

I would like to support the Premier Health Care application for Certificate of Need for Shelby, Fayette, Tipton, Haywood and Madison counties in West Tennessee. They are a well-respected, quality provider of attendant care and personal care in Shelby, Fayette and Madison counties. I am confident they will provide the same quality of care to our patients in the future.

Thank you,

Nicole Petrouski



DEPARTMENT OF VETERANS AFFAIRS Medical Center 1030 Jefferson Avenue Memphis TN 38104

in Reply Refer To:

To Whom It May Concern:

It is my pleasure to write this letter of recommendation for Catondria Brown and Premier Health Care Agency. I have known and worked with Ms. Brown for more than eight years. Her company provides services to the Veterans Administration Medical Center (VAMC), Memphis Homemaker/Home Health Aide Program.

I have found Ms. Brown to be professional in her dealings with the VA staff as well as with our veteran population with which she serves. In addition, she is a woman of good character and is committed to providing high quality service. She has a passion for serving others and it shines through in the manner in which she conducts business. Ms. Smith responds to and assigns staff to the referrals that we send to her in a timely manner. The veterans report that they are highly satisfied with the services that are provided by Premier.

Ms. Brown has an excellent staff working with and for her. They are reliable, dedicated, and works diligently to meet client needs. This is as a result of the excellent leadership of Ms. Brown.

Premier Health Care consistently performs exceptionally well in VAMC agency reviews. We are fortunate to be able to work with such an agency.

I recommend Ms. Brown without reservations and am confident that she will be an asset to your team. Please let me know if you have any further questions or need additional information.

Sincerely,

Rita B. Range, MSW, LCSW Supervisory Social Worker



Hi. Toni. The Private Duty nursing service that you mentioned that will take Medicare and Medicaid is really needed and will benefit my patients. Currently it is extremely hard to find skilled nursing for my Medicaid patients and that is the majority of my caseload.

Erica Ford, LCSW Delta Medical Cemer 3000 Getwell Road Memphis, TN 38118 p1001-369-8547 0901-369-6075

esordur deltamedeenter.com

The best way out is always through. Robert Frost

3000 Getwell Road 🕟 🔹

Memphis, TN 38418 • 901.369.8400

www.Delta.Med.Genter.com

UT Le Bonheur Pediatric Specialists



THE UNIVERSITY OF TENNESSEE

June 9, 2016

To whom it may concern:

There is a need for skilled home nursing care within the muscular dystrophy patient population. The muscular dystrophy population includes a wide range of pediatric and adult diagnoses that can require total care, hospice care and respite care for caregivers.

Ashley Quimby, RN, BSN

MDA Clinic Nurse Coordinator

Subject: Home Health Services

From:

Morrison, Phillip (Phillip_Morrison@BCBST.com)

To:

premierha@att.net;

Date:

Wednesday, May 25, 2016 10:34 AM

We are currently accepting new providers for Home Health Skilled Nursing Services statewide. There is a need for additional home health providers in the Shelby County area. Contracts can be offered as long as meets our credentialing requirements.

1) TN: Licensed as a Home Health Provider

Other States: Licensed in accordance with that state's licensing laws

- 2) Not currently sanctioned by Medicare/Medicaid
- 3) \$1 million/\$3 million Malpractice
- 4) Medicare Part A
- 5) CLIA certificate, if applicable
- 6) TJC or CHAP or AAAHC, collect but not required
- 7) If not accredited, copy of state or CMS site audit
- 8) General Liability Insurance
- 9) History of federal and/or state sanctions (Medicare, Medicaid, or TennCare)
- 10) An attestation to the correctness and completeness of the application

Phillip Morrison

Phillip S Morrison

Ancillary Network Manager

BlueCross BlueShield of TN

3200 West End Avenue, Suite 102

Nashville, TN 37203

P#: 615-760-8711

HILLUIU

Print

Subject: Infusion services

From:

Bonner, Marilyn L. (Marilyn.Bonner@va.gov)

To:

premierha@att.net;

Date:

Wednesday, May 25, 2016 10:31 AM

To Whom it may concern,

In dealing with the community referrals, our department it is often difficult to secure infusion services for our veteran due to limited resources in the community. We have had challenges getting home health agencies to service our patients on the weekends and holidays especially. Any additional resources to help resolve these issues would be greatly appreciated. These resources would help decrease length of stays in this hospital as well as in the community.

Marilyn L Bonner RN

Nurse Manager

Care Coordination-Memphis

901-523-8990 ext 5383

Fax: 901-302-3570

The smallest act of kindness is worth more than the grandest intention.....

Oscar Wilde

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State of Tennessee Health Services and Development Agency

Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 **www.tn.gov/hsda** Phone: 615-741-2364 Fax: 615-741-9884

November 1, 2016

Catondria Brown Permier Health Care LLC 2855 Stage Village Cove, Suite 5 Bartlett, TN 38134

RE: Certificate of Need Application -- Premier Health Care LLC - CN1608-027
The establishment of a home care organization and the initiation of home health services.
The proposed service area will consist of Fayette, Haywood, Madison, Shelby, and Tipton Counties. The principal office will be located at 2855 Stage Village Cove, Suite #5, Bartlett (Shelby County), TN. The estimated project cost is \$50,000.

Dear Ms. Brown:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need. Please be advised that your application is now considered to be complete by this office.

self. A render the

Your application is being forwarded to Trent Sansing at the Tennessee Department of Health for Certificate of Need review by the Division of Policy, Planning and Assessment. You may be contacted by Mr. Sansing or someone from his office for additional clarification while the application is under review by the Department. Mr. Sansing's contact information is Trent.Sansing@tn.gov or 615-253-4702.

In accordance with Tennessee Code Annotated, §68-11-1607, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project will begin on November 1, 2016. The first 60 days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the 60-day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review. You will receive a copy of their findings. The Health Services and Development Agency will review your application on February 22, 2017.

Ms. Brown November 1, 2016 Page 2

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

- (1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.
- (2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,

cc:

Melanie M. Hill Executive Director

Trent Sansing, TDH/Health Statistics, PPA

with. Min



State of Tennessee Health Services and Development Agency

Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 **www.tn.gov/hsda** Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO:

Trent Sansing, CON Director

Office of Policy, Planning and Assessment

Division of Health Statistics

Andrew Johnson Tower, 2nd Floor 710 James Robertson Parkway Nashville, Tennessee 37243

Lund

FROM:

Melanie M. Hill Executive Director

DATE:

November 1, 2016

RE:

Certificate of Need Application

Premier Health Care LLC - CN1608-027

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on November 1, 2016 and end on January 1, 2017.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc:

Catondria Brown

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State of Tennessee **Health Services and Development Agency**

Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be publish	ed in the Commercial Appeal	W	hich is a newspaper
of general circulation Fayette, Haywood, Mac	lison, Shelby and Tipton. Tennessee.	aper) on or before <u>Augu</u>	st 10th , 2016,
(County)	(1)	fonth / day) (Year)
for one day.			
This is to provide official notice to the accordance with T.C.A. § 68-11-1601 of that:			
Premier Health Care, LLC		N/A	
(Name of Applicant)		(Facility Type-Exist	ing)
owned by: Catondria Brown	with an owne	rship type of Limit	ed Liability Corporation
and to be managed by:Catondria Bi	own intends to file	e an application for	a Certificate of Need
for [PROJECT DESCRIPTION BEGINS HERE]:	To Establish a licensed home hea	Ith agency and to prov	ide home health agency
services (primarily hourly services for			
Counties in Tennessee, at a cost of \$5		- · · · · · · · · · · · · · · · · · · ·	
Village Cove, Suite # 5, Bartlett, TN.		principal cines vin 2	o located at 2000 otage
The anticipated date of filing the applica	ation is: on or before August 15	th. 2016	
The contact person for this project is	Catondria Brown		Chief Financial Officer
	(Contact Name)		(Title)
mile indy be readiled an	alth Care, LLC	•	age Cove Suite # 5
· · ·	ny Name)	(Address)	
Bartlett	Tennessee 3813		
(City)	(State) (Zip	Code) (Are	ea Code / Phone Number)
Chr. 12	Charet I, E	tonism	ithphc@yahoo.com
(Signature)	(Date)	·	(E-mail Address)
The Letter of Intent must be <u>filed in tripl</u> last day for filing is a Saturday, Sunda			the state of the s
this form at the following address:	y or otate nonday, ming mus	toccar on the blace	runig business day. File

Health Services and Development Agency Andrew Jackson Building, 9th Floor **502 Deaderick Street** Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



State of Tennessee Health Services and Development Agency

Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in

accordance with T.C.A. § 68-11-160	01 et seq., and the F	Rules of the Health S	ervices and Development Agency,
that: Premier Health Care, LLC (Name of Applicant)		, (Fa	Personal Support Services Agency cility Type-Existing)
owned by: Catondria Brown		with an ownership ty	pe of Limited Liability Corporation
and to be managed by: Catondria I			lication for a Certificate of Need
for [PROJECT DESCRIPTION BEGINS HERE]	: To establish a lice	ensed home health ag	ency and to provide home health
agency services (primarily hourly nurs	ing services) in Shelb	y, Fayette, Haypwood	I, Tipton and Madison Counties in
Tennessee, at a cost estimated at \$	11,400 for CON purpo	ses. Its principal offic	e will be located at 2855 Stage Village
Cove, Suite # 5, Bartlett, Tennessee	38134.		
The anticipated date of filing the app	olication is: on or be	fore August 15th , 20	16
The contact person for this project i	s Catondria Brown		Chief Financial Officer
The contact percent for time project.	(Contact	Name)	(Title)
who may be reached at: Premie	er Health Care, LLC		2855 Stage Village Cove, Suite # 5
	mpany Name)		(Address)
Bartlett,	Tennessee	38134	901 / 388-2228
(City)	(State)	(Zip Code)	(Area Code / Phone Number)

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF50 (Revised 01/09/2013 – all forms prior to this date are obsolete)

Supplemental #1 -Original-

Premier Health Care, LLC

CN1608-027



September 28, 2016 11:12 am

PREMIER HEALTH CARE, LLC

Phillip M. Earhart, HSD Examiner

State of Tennessee

Health Services and Developmental Agency

Andrew Jackson Building, 9th Floor

502 Deaderick Street

Nashville, TN. 37243

www.tn.gov/hsda

Phone: 615-741-2364 / Fax: 615-532-9940

RE: CON Application CN1608-027

Premier Health Care, LLC

September 26, 2016

Dear Mr. Earhart,

This letter is in response to the letter that I received as a request for additional information which is necessary for the completion of Premier's application for CON. The items are numbered to correspond to the questions. They are provided in triplicate, with affidavit.



September 28, 2016 11:12 am

1. Section A, Application Profile, Item 4

IT IS NOTED PREMIER HEALTH CARE, LLC IS A TENNESSEE REGISTERED ACTIVE LIMITED LIABILITY COMPANY. HOWEVER, PLEASE CLARIFY IF THE APPLICANT'S EXISTING PERSONAL CARE AGENCY AND PROPOSED HOME HEALTH AGENCY WILL OPERATE UNDER THE SAME LLC. IF SO, WHAT ARE THE ADVANTAGES OF OPERATING UNDER ONE LLC FOR BOTH LINES OF BUSINESS RATHN THAN CREATING AN LLC FOR EACH?

- Premier Health Care shall operate the proposed home health agency under the same LLC.
- The advantages are that Premier has established relationships with health care professionals, consumers of services and members of the community under the current LLC.
- Section A, Application Profile Item 12 and 13.
 The applicant refers to Attachments A.12 and A.13. However, those attachments could not be located. Please resubmit.
 - The profile items 12 and 13 are located on page 7 of the application. It was not an attachment.

On page 7 the applicant states Premier Health Care has certification with TennCare/Medicaid which was obtained in 2009. However, please clarify if the existing TennCare certification is for non-medical in-home personal support services agency.

The existing TennCare certification is for non-clinical in-home personal support services agency.

Table One on page 7 of contractual relationships with service area MCOs I noted. However, please revise the table to reflect the applicant's relationship with MCOs for the proposed home health services, rather than the existing personal support services agency.

 Table One on page 7 of contractual relationships with service are MCOs has been revised to reflect that Premier Health Care shall seek contracts with service area MCOs for the proposed home health services.

Table One: Contractual Relationships with Service Area MCO's

Available TennCare MCO's	Applicant's Relationship	
Amerigroup	Shall Seek Contract	
United Community Healthcare Plan	Shall Seek Contract	
Blue Care/ TennCare	Shall Seek Contract	
TennCare Select	Shall Seek Contract	

Table One on page 7 is noted. However, please clarify if the applicant will contract with TennCare Select.

Premier shall seek a contract with TennCare Select for the proposed home health services.



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3. Section B, Project Description, Item I

Please clarify if the proposed home health agency administrator will meet the home health administrator criteria as prescribed by the Rules of the Tennessee Department of Health, Board of Licensing, Chapter 1200-08-26. Please provide an outline of the DOH home health administrator criteria and a copy of the employee's resume.

- The applicant has attached a copy of employee's resume.
- An administrator, as outlined by the DOH home health administrative criteria, is a person who: (a) is a licensed physician, (b) A registered nurse, or (c) has training and experience in health service administration and at least one (1) year of supervisory or administrative experience in home health care, hospice care or related health programs.

The applicant is proposing a significantly wide and topographically diverse service area. Discuss how the applicant intends to service this large geographical area from a single location in Memphis? What is the applicant's operational delivery model?

Premier plans to open a location in the Madison County area as volumes indicate need.

Premier has working staff in the Madison County area presently. Fayette and Shelby county volumes shall be managed from the office in (Bartlett) Memphis, TN. Our future expansion plan includes working staff in Haywood and Tipton counties.

Please identify the billing agency for this proposed home health agency and their experience in billing home health charges for Medicare and TennCare.

Premier's current billing staff has experience billing in the same format as Medicare and will obtain any additional training required or necessary for billing home health charges.

Please provide a brief description of the owner's expertise in starting and managing a licensed home health agency. Brief bio's outlining areas of expertise and experience that will be helpful.

Catondria Brown's expertise in starting and managing a licensed home health agency includes working with patients with physical and mental disabilities. Premier's owner has a background in Respiratory Care which has proven to be helpful in understanding and assisting patients with optimal care. Premier also obtained a license with the Department of Intellectual and Developmental Disabilities to provide nursing care, physical therapy, occupational therapy and speech therapy. We also provided services under that licensure.



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On page 9 the applicant states "some agencies that provide private duty services may not be staffed sufficiently to provide care for patients whose needs exceed 1-2 hours daily or during holidays and weekends." Please provide documentation to support the statement.

Premier proposes to provide private duty nursing services to patients with complex needs and may require treatment times which exceed 1-2 hours. Medical support staff has expressed the need for nursing services which exceed 1-2 hours and have expressed the difficulties of obtaining a home health agency which provides nursing care during weekends and holidays. The reference letter from Marilyn Bonner, Nurse Manager of Care Coordination with the VA Medical Center in Memphis refers to such experience.

The applicant state Premier has a staff of nurses with clinical experience who assess its patients through the VA Medical Center. Please provide an overview of the applicant's current nursing staff and if the clinical assessment pertains to the applicant's personal support services agency.

The applicant's current nursing staff is employed as part time. They provide assessments for the personal support services agency.

On page 11 the applicant notes a 90% TennCare payer mix, but on page 56 (table 21) the applicant notes a TennCare/Medicaid payer mix of 100%. Please clarify.

Premier proposes a 90% TennCare/Medicaid payer mix. Page 56 (table 21) has been revised. The applicant has amended some entries in that table to clarify that for practical purposes there will be none to minimal Medicare utilization to obtain Provider number.

Table 21: Medicare and TennCare / Medicaid / VA Revenues

PayorMix Year One(2017)	Gross Revenue	% of Total Revenues
Medicare/Commercial	\$10,908.80	2%
Medicaid/TennCare	\$490,896	90%
VA	\$43,635.20	8%
Self-Pay	\$0.00	0%
Total	\$545,440	100%



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Please verify the applicant has reviewed the document from the Tennessee Department of Finance and Administration, Bureau of TennCare, titled "Are you thinking about applying for a CON to provide home health or Private Duty Nursing in Tennessee" locate at http://tennessee.gov/assets/entities/hsda/attachments/APPLYC~1.pdf

Please verify the applicant understands even if a home agency is certified for Medicare participation and thus, eligible for participation as a TennCare provider of home health or PDN services, it does not obligate the MCO to contract with such provider.

- Applicant verifies the review of the document from the Tennessee Department of Finance and Administration, Bureau of TennCare, titled "Are you thinking about applying for a CON to provide home health or Private Duty Nursing in Tennessee"
- The applicant does understand even if a home agency is certified for Medicare participation and thus, eligible for participation as a TennCare provider of home health that this does not obligate the MCO to contract with Premier.

On page 32 the applicant notes Premier will primarily provide private duty hourly services. Please verify that TennCare will only cover HH/PDN for adults age 21 and older who are ventilator dependent (for at least 12 hours per day), or have a functioning tracheostomy requiring suctioning and need other specified types of nursing care.

 Attached is a copy of page 16 of TennCare Rule 1200-13-14-.01, Section 111 which defines coverage for adults age 21 and older for private duty nursing care. The rule has been attached to prevent paraphrase of the rule. The Rule does verify HH/PDN for adults.

On page 11 the applicant provides a description of proposed home health services. However, please clarify if those listed services are already available through existing licensed home health agencies. What type of home health services would the applicant provide that is not already available in the proposed service area?

Based upon communication with nurses, nurse managers, and case managers it seems that the service area needs another provider for availability and proficient care and expedience rather than for a different type of service. The nurses, and families of patients are requesting an agency to be available quickly to provide the care needed. Therefore, the applicant is not proposing to provide services that are not already available.

Please clarify the reason Tipton and Haywood Counties were added to the proposed home health services service area while the applicant does not have any current presence in that county with the existing personal support services agency owned by the applicant.

- The applicant plans to include Tipton and Haywood Counties in the proposed home health agency as volumes increase in the surrounding areas.

The applicant has a current personal support services payer mix of 75% veteran's services and 25% TennCare services. Please explain why the applicant chose to have a proposed home health payer mix of 100% TennCare and not include VA services.

The applicant has corrected the previous table (21) to reflect the proposed 90% TennCare payer mix. The applicant proposed to include VA services.

It appears the applicant has staff experienced in VA services. How will the applicant obtain staff that has pediatric experience?

 The applicant has staff with pediatric experience presently and management shall continue to recruit other staff with pediatric experience.

4. Section B, Project Description, Item II.C

The applicant Premier will not provide care for Medicare patients. If so, how does the applicant propose to obtain certification from Medicare?

- Although Premier must obtain Medicare certification to provide services through TennCare the applicant proposes to accept one Medicare patient with commercial insurance for which the commercial insurance shall be accountable and not the Medicare insurance.

Please clarify if the applicant will be required to serve some Medicare patients to maintain certification.

The applicant proposes to serve a Medicare patient with commercial insurance as primary to maintain certification but shall receive reimbursement from commercial insurance.

On page 15 of the application, the applicant states TennCare enrollment is 28% of the population. However, the percentage does not match those TennCare enrollment percentages in the population tables located on page 39.

The population table on page 39 represents the demographics of the project service area rather than TennCare enrollment percentages.

The last sentence on page 15 states this project will give families with commercial insurance more options. However, the applicant's payer mix is 100% TennCare. Please clarify.

 The applicant proposes a TennCare payer mix of 90%. This project will give families more options.

SUPPLEMENTAL #1

September 28, 2016 11:12 am

5. Section B, Project Description, Item III (Plot Plan)
As required in the application for all projects, the Plot Plan must provide the size of the site (in acres), location of the structure on the site, the location of the proposed project (location of the HHA), and the names of the streets, roads, highways that cross or border the site. Please provide a Plot Plan with all the required information.

Please see the page which follows this one – Plot Plan

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Premier Plot Plan-1



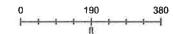


TOM LEATHERWOOD, REGISTER OF DEEDS SHELBY COUNTY, TENNESSEE

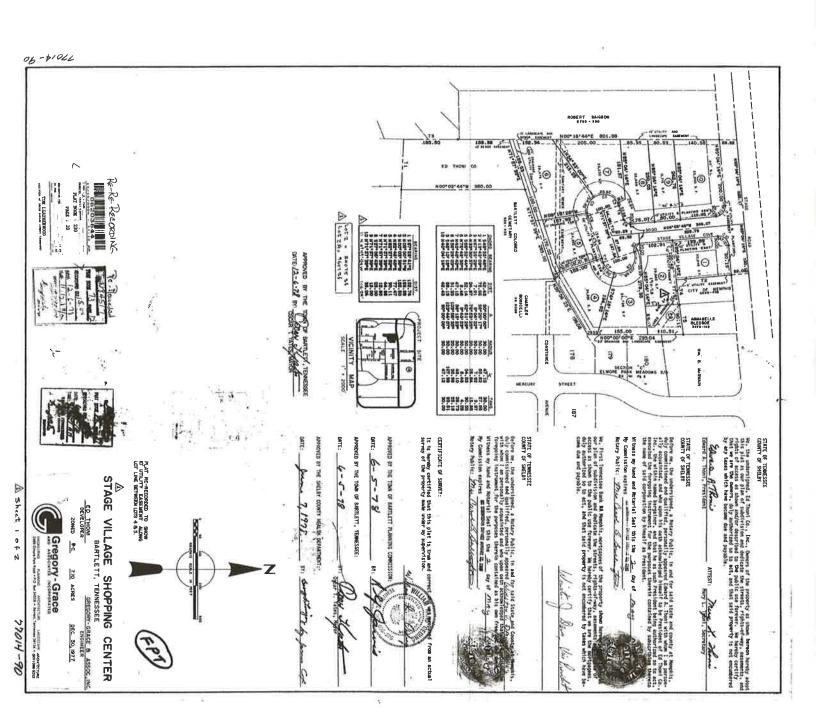
DISCLAMER: PROPERTY TAX MAPS AND PARCEL BOUNDARIES DO NOT REFLECT ACCURATE SURVEY INFORMATION OR EXACT LEGAL OWNERSHIP BOUNDARIES, AND ARE ONLY PROVIDED FOR GENERAL INFORMATION PURPOSES. THEREFORE, THEY SHOULD NOT BE RELIED UPON AS A REPRESENTATION OF ANY PROPERTY FOR ANY PURPOSE.

MAP DATE: August 24, 2018

Acres .6010 Dimensions 85.82/205x215.25/181.57+25 Plat BK &PG 230-020



September 28, 2016 11:12 am





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6. Section B, Project Description, Item IV.

The floor plan is noted. However, please clarify how medical records will be stored and secured.

 Medical records will be stored and secured in file room accessible only by management staff.

7. Section C, Need, Item 1

The applicant has provided several letters from providers documenting referral sources. Please clarify if the Muscular Dystrophy Association (MDA) is aware the applicant proposes to provide services to TennCare patients only. If so, why did the referral letter from MDA not focus on the need for TennCare Muscular Dystrophy patients only.

- The Muscular Dystrophy Association is aware the applicant proposes a 90% TennCare payer mix. The Muscular Dystrophy Association focused on the need for the proposed services.

There is also a letter dated May 25th, 2016 from Marilyn Bonner stating it is difficult to secure infusion services for veterans. However, the proposed payer mix does not include VA services. Please clarify the relevance of the VA referral letter.

Applicant proposes a payer mix of 90% TennCare. Table (21) is corrected to reflect.

It is noted the applicant has provided a referral letter from Ashley Quimby, RN, BSN, UT LeBonheur Pediatric Specialists. However, the nurse's license could not be verified at the Tennessee Department of Health license verification web-site. Please verify and provide documentation.

- Applicant provided a referral letter from Ashley F. Quimby, RN, BSN. This nurse may have licensure in maiden name but applicant is unaware of any name change.

Please indicate if the applicant solicited letters of support from physicians.

Applicant did solicit letters from physicians. But due to busy schedules office staff spoke
with me and expressed the need of an agency that could provide care quickly and efficiently.

The email from BlueCross and BlueShield of Tennessee's Ancillary Network Manager is noted. Please clarify if the applicant solicited the same type letter from Amerigroup and United Community Healthcare Plan. If so, what was the outcome.

Applicant did solicit the same type letter from Amerigroup and United Community
Healthcare Plan. Both expressed a need verbally. Both requested the applicant to contact
"contracting department" once licensure is obtained.

The email from BlueCross and BlueShield of Tennessee's Ancillary Network Manager states BCBST is accepting new providers for home health skilled nursing services statewide. Does this include Private Duty home health services.

- Yes, it includes Private Duty home health services.

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Existing Licensed HHA

S.& Their Utilization serving the 5-County Declared Service Area

Agency (license #)	County of Parent Office	Date Licensed	Total Counties authorized in license (# counties in PSA) *	2013 JAR Total patients served	2014 JAR Total patients served	2015 JAR Total Patients Served
Home Care Solutions- 00000056	Davidson	09-28-1988	ALL	1930	1689	1813
NHC Home Care- 00000291	Fayette	06-06-1983	8 (5)	226	301	421
Where the Heart is	Fayette	08-10-2005	3 (3)	116	104	1,044
Extendicare Home Health of West TN	Madison	06-18-1984	21 (5)	1085	832	1196
Accredo Health Group- 00000347	Shelby	05-09-1997	6 (4)	20	21	23
Alere Women's and Children's 00000459	Shelby	12-21-1998	23 (5)	417	376	438
Amedisys - 00000239	Shelby	06-03-1982	3 (3)	1060	1070	948
Amedisys Home Health -00000238	Shelby	2-29-1984	4(3)	936	837	737
Amedisys TN - 00000215	Shelby	04-24-1984	3 (3)	1934	1856	554
Americare Home Health-00000216	Shelby	01-24-1984	2 (2)	1811	1295	828
Baptist Trinity- 00000241	Shelby	06-26-1984	8 (3)	3862	3236	3169
Baptist Trinity Pv- 00000242	Shelby	09-06-1983	5 (4)	1	1	1
Best Nurses Inc- 00000621	Shelby	07-01-2008	3 (3)	364	176	9
CareAll HomeCare	Haywood	2014	14 (4)	N/A	N/A	786
Coram /CVS- 00000627	Shelby	2015	25 (5)	N/A	N/A	4
Family Home Health- 00000229	Shelby	03-10-1977	2 (2)	379	428	504
Functional Independence- 00000610	Shelby	08-13-2004	3 (3)	953	1494	1915
Hemophilia Preferred Care-00000625	Shelby	07-29-2015	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee- 00000227	Shelby	05-02-1984	4 (3)	1010	754	577
HomeChoice Health Services-00000240	Shelby	03-05-1984	6 (4)	861	3201	2372
Interim HealthCare	Shelby		3 (3)	769	724	N/A
Intrepid USA HealthCare-00000214	Shelby	10-09-2007	3 (3)	605	522	565
Maxim HealthCare Services, Inc- 00000618	Shelby	10-09-2007	6 (5)	155	173	275

SUPPLEMENTAL #1

September 28, 2016

Methodist Alliance Home Care-00000233	Shelby	07-01-1988	3 (3)	3179	3363	₁₆₅₃ 11:12 am
Meritan Inc-00000237	Shelby	07-25-1977	1 (1)	609	632	652
No Place Like Home- 00000611	Shelby	07-01-2005	3 (3)	58	80	80
Quality Home Health 00000224	Shelby	12-03-1981	6 (4)	79	204	291
Still Waters Home Health-00000616	Shelby	07-01-2006	1 (1)	101	71	58
Willowbrook Visiting Nurses- 00000244	Shelby	05-12-1976	6 (4)	479	499	561
Elk Valley- 00000042	Davidson	07-17-1984	ALL	277	293	457

^{*} show the # of all counties for each HHA. The # of counties in the applicant's primary service area (PSA) should be shown separately in the bracket

The next step regarding the need formula for home health services (Items 1-4) is to collate the data and show your work using the chart that follows:

Home Health Need Formula in the Applicant's 5-County additional Service Area

County (A)	# Au- thorized Agencies (B)	2015 Pop (C)	Patients served (2015) (D)	Use Rate (Patient /1000 pop.) (E)	2018 Pop (F)	Projected Capacity (G)	Projected Need (H)	Additional Need (Surplus) for 2018 (G-H)
				(Column D Divided by Column C)		Column E Times Column F	Column F Times 0.015	Column G Minus Column H
Shelby	22	953,899	16,269	.0170552468	970,212	16,547	14,553	(1,994)
Tipton	1	66,234	1,172	.0176948395	69,239	1,225	1,039	(187)
Haywood	1	18,477	649	.0351247497	18,274	642	274	(368)
Madison	5	102,429	3,220	.0314364096	104,799	3295	1572	(1723)
Fayette	2	43,631	707	.0162040751	46,608	755	699	(56)
Total	31	1,184,670	22,017	.0185849224	1,209,132	22,471.6	18,137	(4,334.6)

C) Based on the revised need formula, please discuss why the applicant feels there is a need for an additional home health service agency at this time.

Please define and describe Intermittent and Private Duty services.

Intermittent Nursing services are those services provided by an RN, LPN,

Therapist, Social worker or Aide under physician's orders which are usually no more than one (1) visit per day and for a maximum of up to two (2) hours per visit.

Private Duty Nursing Services are those skilled nursing and CNT services ordered by a physician in the home or community setting which are not to exceed eight (8) hours per visit and the combination of nursing and aide visits cannot exceed thirty-five hours (35) per week.

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9. Your Section C, Need, Item 4.A. and 4.B.

response to this item is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table and include data for each county in your proposed service area.

Variable	Fayette	Haywood	Madison	Shelby	Tipton	Service	Tennessee
						Area	
Current Year (2016), Age 0-17	9,670	4,386	24,762	247,503	16,904	303,225	1,570,687
Projected Year (2020), Age 0-17	10,014	4,178	25,201	252,312	17,157	308,862	1,614,001
Age 0-17, % Change	3.6%	-4.7%	1.8%	1.9%	1.5%	1.859%	2.8%
Age 0-17, % Total (PY)	20.6%	23.0%	23.7	25.7%	24.1%	4.34525%	22.7%
Current Year (2016), Age 18-64	34,967	14,024	78,472	711,858	50,346	889,667	5,241,318
Projected Year (2020), Age 18-64	38,496	13,950	81,151	728,710	54,039	916,319	5,494,030
Age 18-64, % Change	10.1%	-0.5%	3.4%	2.4%	7.3%	2.9957%	4.8%
Age 18-64, % Total (PY)	79.4%	77.0%	76.3%	74.3%	75.9%	12.8913%	77.3%
Current Year (2016), Age 65+	8,731	3,077	16,281	116,834	9,132	154,055	1,091,516
Projected Year (2020), Age 65+	11,171	3,644	18,943	135,234	11,044	180,036	1,266,295
Age 65+, % Change	27.9%	18.4%	16.4%	15.7%	20.9%	16.8647%	16.0%
Age 65+, % Total (PY)	23.0%	20.1%	17.8%	13.8%	15.5%	2.53285%	17.8%
CY, Total Population	44,637	18,410	103,234	959,361	67,250	1,192,892	6,812,005
PY, Total Population	48,510	18,128	106,352	981,022	71,196	1,225,208	7,108,031
Total Pop. % Change	8.676%	-1.53%	3.02%	2.2578%	5.867%	2.70904%	4.34565%
TennCare Enrollees	7,254	6,111	26,313	281,372	14,419	335,469	1,557,955
TennCare Enrollees as a % of Total	.10648%	.08970%	.38627%	4.13053%	.021167	4.92467%	22.87072
Population					%		%
Median Age	41yrs	39.4yrs	37.3yrs	34.8yrs	36.6yrs	37.8yrs	38.6yrs
Median Household Income	\$55,623	\$33,922	\$42,069	\$46,213	\$53,133	\$46,192	\$44,621
Population % Below Poverty Level	14.7%	24.7%	20.9%	23%	15.4%	19.74%	16.7%

What areas of the proposed service area are designated as an MUA by the United States Department of Health and Human Services?

- Haywood, Madison, Shelby, and Tipton Counties are all designated as MUA according to the Health Resources and Services Administration Data Warehouse.

Please describe any special needs of the service area population including health disparities, accessibility to services, women, racial and ethnic minorities, and low income groups. In your response, please document how the applicant will take into consideration the special needs of the service area population.

- Premier will not discriminate in patient selection based on race, ethnicity, gender, or insurance source. Two of the proposed Service areas have a lower population % below poverty level than the state average. Premier will be accessible to low-income TennCare patients; 90% of the proposed payer mix will be TennCare. The service area population age 0-64, Premier's principle client age group, is growing by 4.5% by 2020.



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Section C, Need, Item 5---Private Duty Home Health

Please complete the following chart for all home health agencies providing services for the three most recent years available.

Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area

ННА	Skilled Nursing (Patient/Hours)	Patient Hours Speech Therapy (Specify Patient/hours Homemak		Other (Specify) Homemaker/Medical Social Services	Total All Disciplines (patient hours)
Elk Valley	769895	93395	0	0	86,3290
Home Care Solutions	191277	94617	** N/R no hrs reported	0	28,5894
NHC Home Care	**N/R	**N/R	**N/R	**	**
Where the Heart is	280	0	0	0	280
Extendicare Home Health of West TN	183	27	281	3	505
Accredo Health Group	**	**	**	**	**
Alere Women's and Children's	5461	0	0		5461
Amedisys - 146	**	**	**	**	**
Amedisys Home Health -246	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	**	**	**	**	**
Best Nurses Inc	730	29,170	0	0	29,900
Coram /CVS	11	0	0	0	11
Family Home Health	**	**	**	**	**
Functional Independence	11382	0	0	0	11382
Hemophilia Preferred Care	N/A	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee	193,725	140,227	0	6,058	340,010
HomeChoice Health Services	11,792	30,356	0	10,001	52,149
Intrepid USA HeaothCare	**	**	**	**	**
Maxim HealthCare Services, Inc	264,266	111,040	0	0	375,306
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	451,132	20,416	0	0	471,548
Quality Home Health/Extended Care	**	**	**	**	**
Still Waters Home Health	**	**	**	**	**
Willowbrook Visiting Nurses	**	**	**	**	**

N/S notes where agency did not specify discipline

N/R notes not reported

N/A notes no information available

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2nd Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area

ННА	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker	Total All Disciplines (patient hours)
Elk Valley	**	**	**	**	**
Home Care Solutions	180130	112680	0 hrs reported	0	292810
NHC Home Care	**	**	**	**	**
Where the Heart is	18441	10646	0	0	29087
Extendicare Home Health of West TN	**	**	**	**	**
Accredo Health Group	**	**	* *	**	0
Alere Women's and Children's	4556	0	0	0	4556
Amedisys - 146	**	**	**	**	**
Amedisys Home Health -246	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	**	**	**	**	**
Best Nurses Inc	**	21215	**	64	21,379
Coram /CVS	0	0	0	14,976- N/S – No specification	14,976
Family Home Health	**	**	**	**	**
Functional Independence	**	**	**	**	**
Hemophilia Preferred Care	N/A	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee	180,130	112,680	0	6956	299,766
HomeChoice Health Services	16,943	85,623	0	5,685	108,251
Intrepid USA HeaothCare	**	**	**	**	**
Maxim HealthCare Services, Inc	199,789	83,983	0	2200	285,972
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	286,440	9,490	0	0	295,930
Quality Home Health/Extended Care	**	**	**	**	**
Still Waters Home Health	**	**	**	**	**
Willowbrook Visiting Nurses	**	**	**	**	**

** Notes Agencies with no patient hours reported N/S notes where agency did not specify discipline N/R notes not reported N/A not no information available



3rd Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area

ННА	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker	Total All Disciplines (patient hours)
Elk Valley	614887	114178	0		729065
Home Care Solutions	N/A	N/A	N/A		N/A
NHC Home Care	O hrs - 5017 visits	0 hts-1260 visits	0hrs -1892 visits		8223 visits 0 hrs
Where the Heart is	90340	936		19448	110724
Extendicare Home Health of West TN	**	**	**	**	**
Accredo Health Group	0	0	0	12	12hrsN/S
Alere Women's and Children's	4821	0	0	0	4821
Amedisys - 146	**	**	**	**	**
Amedisys Home Health -246	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	4288	0	178	0	4466
Best Nurses Inc	23	4,397	0	0	4420
Coram /CVS	98	0	0	0	98
Family Home Health	**	**	**	**	**
Functional Independence	**	**	**	**	**
Hemophilia Preferred Care	N/R	N/R	N/R	N/R	N/R
Home Health Care of West Tennessee	191,277	94,617	0	6,977	292,871
HomeChoice Health Services	4,732	45,705	0	23,774	74,211
Intrepid USA HeaothCare	**	**	**	**	**
Maxim HealthCare Services, Inc	171,065	66,346	0	0	237,411
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	272,002	9,828	0	0	281,830
Quality Home Health/Extended	**	**	**	**	**
Still Waters Home Health	**	**	**	**	**
Willowbrook Visiting Nurses	**	**	**	**	**

^{**} Notes agencies with no reported patient hours N/S notes agency did not specify discipline N/R notes not reported N/A notes no information available



Please breakdown the projected utilization by discipline using the transfer of the company of the projected utilization by discipline using the transfer of the projected utilization by discipline using the transfer of the projected utilization by discipline using the transfer of the projected utilization by discipline using the transfer of the projected utilization by discipline using the transfer of the projected utilization by discipline using the transfer of the projected utilization by discipline using the transfer of the projected utilization by discipline using the transfer of the projected utilization by discipline using the transfer of th

Projected Private Duty Utilization by Discipline

Discipline	Patients	Hours	Patients	Hours	Patient	Patient	Patient	Patient
	Year 1	Year 1	Year 2	Year 2	Ages 0-17	Ages 18-64	Ages 65 74	-Ages 75+
Skilled nursing	8	10,368	10	12,960				
Home health aide	2	3,360	6	10,080				
Medical social	0	0	0	0	0	0	0	0
Therapies (PT,OT,ST)	0	0	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0	0	
Total	10	13,728	16	23,040				

It is noted the applicant will project 16 patients in Year One. Please clarify how many of the 16 patients will fall in to the 0-17 age group and the 18-64 age group.

Projected Intermittent Utilization by Discipline

Discipline	Patients Year 1	Visits Year 1	Patients Year 2	Visits Year 2	
Skilled nursing	4	746.7	6	1166.7	
Home health aide	2	373.3	3	583.3	
Medical social	0	0	0		
Therapies (PT,OT,ST)	0	0	0		
Other (specify)	0	0	0		
Total	6	1120	9	1750	

Year One Projected Patients

Patient Ages	Patient Ages	Patient Ages 65-74	Patient Ages 75+
0-17	18-64		
4	9	2	1

12. Section C. Economic Feasibility Item 1 (Project Cost Chart)

Where has office furniture, fax machines, computers, etc. been accounted for on the Project Costs Chart?

Premier has an established office with sufficient office furniture, fax machines and computers for the new project.

13. Section C. Economic Feasibility Item 4. (Historical Data Chart and Projected Data Chart)

Historical Data Chart

The historical data chart for the applicant personal support services line of business is noted. However, please indicate the number of patients that were served in 2013-2015 on line A. Utilization Data. Please revise and resubmit the Historical Data Chart.

- Please see revised Historical Data Sheet on following page.

Why was there provision for bad debt of \$1,500 in Year 2015?

This number represents donation of services in 2015

What does the \$3,000 in Professional Fees consist of for the years 2013-2015?

This number represents fees for Tax Professional and Bookkeeping services.

Salaries and wages in the amount of \$87,200 in 2015 are noted. How many and what type full-time positions does this amount represent?

This represents one full time director, 2 full time staff coordinators, and one part-time office personnel.



HISTORICAL DATA CHART Fiscal Year Beginning January

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	Year 2013	Year 2014	Year 2015
A. Utilization Data (Specify unit of measure)		16) 650	
Quantity of Patients	13	15	16
B. Revenue from Services to Patients			
1. Inpatient Services			
2. Outpatient Services	\$325,700	\$346,000	\$370,000
3. Emergency Services			1
4. Other Operating Revenue (Specify)			
Gross Operating Revenue	\$325,700	\$346,000	\$370,000
C. Deductions from Gross Operating Revenue	4		
1. Contractual Adjustments			
2. Provisions for Charity Care			
3. Provisions for Bad Debt			\$1,500
Total Deductions	\$325,700	\$346,000	\$368,500
NET OPERATING REVENUE			
D. Operating Expenses			
1. Salaries and Wages	\$78,200	\$81,700	\$87,20
2. Physician's Salaries and Wages			
3. Supplies	\$6,200	\$7,100	\$8,000
4. Liability and Workman Compensation Insurance	\$9,516	\$9,516	\$9,510
5. Taxes	\$9,632	\$9,673	\$9,72
6. License Fee	\$1,080	\$1,080	\$1,080
7. Advertising			\$5,500
8. Furniture and Equipment			\$3,900
9. Rent	\$8,400	\$8,400	\$8,400
10. Telephone, Internet and Mobile phones	\$4,500	\$4,500	\$4,500
11. Healthcare Fair, Testing, Classes	\$3,000	\$3,000	\$3,000
12. Interest other than Capital			
13. Management Fees			0
a. Fees to Affiliates Administrative Overhead			
b. Fees to Non-Affiliates			
14. Professional Fees	\$3,000	\$3,000	\$3,000
15. Other Expenses (Specify)			
TOTAL OPERATING EXPENSES	\$123,528	\$127,969	\$143,817
E. Other Revenue (Expenses) – Net (Specify)			
NET OPERATING INCOME (LOSS)			
F. Capital Expenditures			
1. Retirement of Principal			-
2. Interest			
TOTAL CAPITAL EXPENDITURES			
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	\$202,172	\$218,031	\$224,683



Projected Data Chart

- The Projected Data Chart shows no Provision for Charity Care and/or Bad Debt. Please explain.
 - Provisions for Bad Debt have been allocated on the Projected Data Chart.
- Please clarify where the cost of Joint Accreditation is accounted for on the Projected Data Chart.
 - The Projected Data Chart has been updated. Please see updated chart.
- How are wages for a physician accounted for in the Projected Data Chart?
 - There will be no physician on staff.
- Please clarify if the applicant will purchase a medical electronic record keeping software program. If so, where is the cost accounted for in the Projected Data Chart?
 - Premier shall purchase electronic record keeping software. The Projected Data Chart has been updated to reflect such cost.
- Please clarify if provider Liability Insurance is accounted for in the Projected Data Chart.
 - The Projected Data Chart has been updated to reflect the Liability Insurance expense.
- Please clarify if vehicles, maintenance and mileage are accounted for in the Projected Data Chart.
- Please clarify if the annual Home Health Licensure fee of \$1,080.00 is accounted for in the Projected Data Chart.
 - Corrections were made to the Projected Data Chart to reflect the Home Health Licensure Fee of \$ 1,080.
- Please provide an overview of the \$70,000 allocated to "administrative overhead" in Year One and Year Two.
 - This represents management team
 - To include Administrator, Staff Coordinator, Recruiter, and Payroll Clerk.
- Please explain the reason there is no allocation to taxes in 2017.
 - Corrections are being made to reflect projected taxes in 2017
- Please explain the reason there is depreciation of \$7,500 for computers, office equipment, and furniture while none is listed in the Project Costs Chart.
 - -Computers are not listed on Project Cost Chart because the computers, equipment and furniture are currently in place.

PROJECTED DATA CHART Fiscal Year Beginning January

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	Year	Year
	2017	2018
A. Utilization Data (Specify unit of measure)	13,440 Hrs/	21,000 Hrs/
· · · · · · · · · · · · · · · · · · ·	1120 Visits	1750 Visits
Quantity of Patients	_ 16	25
B. Revenue from Services to Patients		
1. Inpatient Services	9	
2. Outpatient Services	\$ 467,712/	\$730,800/
TX 8	\$77,728	\$121,450
3. Emergency Services	N 59	1.4.0
4. Other Operating Revenue (Specify)		
Gross Operating Revenue	\$545,440	\$852,250
C. Deductions from Gross Operating Revenue	# # =	
Contractual Adjustments		
2. Provisions for Charity Care		
3. Provisions for Bad Debt	\$3,000	\$3,000
Total Deductions	\$3,000	\$3,000
NET OPERATING REVENUE	\$542,440	\$849,250
inter or charmon herenoe	, ,,,,,,	\$643,230
D. Operating Expenses		
1. Salaries and Wages	\$431,288	\$624,350
2. Physician's Salaries and Wages	=	
3. Supplies	\$4,200	\$7,500
4. Liability and Workman Compensation Insurance	\$9,516	\$9,516
5. Billing Software	\$2,500	
6. Taxes	\$19,442	\$22,682
7. License Fee	\$1,080	\$1,080
8. Joint Accreditation (per 3 years)	\$9,000	
9. Depreciation (Computers, office equipment, and furniture)	\$7,500	\$7,500
10. Rent	\$8,820	\$9,000
11. Telephone, Internet and Mobile phones	\$4,500	\$4,500
12. Healthcare Fair, Testing, Classes	\$3,000	\$3,000
13. Interest other than Capital	*	
14. Management Fees		+
a. Fees to Affiliates Administrative Overhead	\$70,000	\$70,000
b. Fees to Non-Affiliates		
15. Other Expenses (Specify)		
TOTAL OPERATING EXPENSES	\$570,946	\$759,128
E. Other Revenue (Expenses) – Net (Specify)		11 ==0
NET OPERATING INCOME (LOSS)		
F. Capital Expenditures		
1. Retirement of Principal	2/	
2. Interest	U 0 1 9	
TOTAL CAPITAL EXPENDITURES	8.4	14
NET OPERATING INCOME (LOSS)	4 1 2 2 2 2	* = 2
LESS CAPITAL EXPENDITURES	(\$-28,406)	\$90,122
	1	



14. Section C, Economic Feasibility, Item 5

Please identify the project's average gross charge, average deduction from operating revenue, and average net charge per patient using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project.

- Please see updated Projected Data Chart for Year 1 and Year 2
- The Year One (2017) average gross charge is \$ 34,090.00; average deduction from operating revenue is \$33,902.00; the net charge per patient is (-\$1,775.38)
- The Year Two (2018) average gross charge is \$34,090.00; average deduction from operating revenue is \$33,970.00; the net charge per patient is \$5,632.63

Please provide a response to question 6.A. 15. Section C. Economic Feasibility Item 6.A.

Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

-There aren't any current charges, being that Premier is a proposed agency. Premier's charges will not affect any other agency's or healthcare service provider's charges. Additionally, there will not be an impact on existing patient charges being that Premier is a proposed agency.

16. Section C, Economic Feasibility, Item 6.B.

The key to agencies appear to not respond to the listed home health agencies listed in Table 20. Please revise and submit a replacement page.

- Key to agencies has been revised. Please see attachment.

Given the Medicaid revenue projections in this application, please also compare the charges to the current Medicaid allowable fee schedule.

-Based upon information provided by BCBST provider service representative Medicaid's allowable fee schedule is based upon contractual agreement and level of care needed for patient. Provided in the table below is a base fee of Medicaid's allowable fee schedule compared to Premier's proposed charges.

Compared charges to Medicaid allowable fee schedule

	TennCare/Medicaid	Commercial	Premier HC
Skilled Nursing /visit	\$57.60	\$106.00	\$80.00
Skilled Nursing /hour	\$36.00/hr.	\$32/hr. adult \$36/hr. pediatric	\$38.00
HH Aide /visit	\$8.20/unit (Unit = 15mins)	\$67.62	\$27/visit
HH Aide /hour	\$22.12/hr.	\$18.00/hr. adult \$22.00/hr. pediatric	\$22.00/hr.

17. Section C, Economic Feasibility, Item 7

In addition, please clarify if home health patients in Year One and Year Two will be transferred from other home health agencies or will be new patients to home health.

- Premier projects our patients will be new patients to home health.

18. Section C, Economic Feasibility, Item 8

Please discuss how the applicant (being a start-up company) will achieve financial viability in Year One of the proposed project.

 After revised Projected Data Chart review, calculations revealed for 2017 Premier shall operate at a loss. In 2018 Premier shall prove to be a more profitable year.

If there is a major delay in the payment of claims in Year One, how will the applicant pay employees and sustain services to existing home health patients?

- Premier shall sustain services and pay employees by the already established revenue.

The applicant states Premier Health Care has operating reserves to carry the applicant through the start-up period. Please provide the operating reserve amount and how the reserve will shore up any shortfall in revenue.

- Premier has a reserve amount of \$45,000.00

19. Section C, Economic Feasibility, Item 9

The applicant is projecting one patient with commercial insurance in Year One. Please complete the following chart for Year One.

- The proposed project will serve TennCare/Medicaid patients. Its service to Medicare patients will be a single patient, to secure a Medicare provider number. The State requires providers to secure a Medicare provider number. Therefore; as explained Premier will have no actual NET revenue received from its Medicare patients. To clarify, Premier amended some entries in the table for practical purposes.

Payor	Gross Revenue	% of Total Reve- nues
Medicare/Commercial	\$10,908.80	2%
Medicaid/TennCare	\$490,896	90%
VA	\$43,635.20	8%
Self-Pay		0%
Total	\$545,440	100%



Please clarify if the applicant will ever provide charity care.

- Charity care is not feasible for this small agency, which in Year One will only serve 25 patients.

20. Section C, Economic Feasibility, Item 10

Please provide audited financial statements. If not available, please provide financial information for the principal parties involved with the project.

- Please see attached audited financial statement.

21. Section C, Orderly Development, Item 3

Please clarify if there will be a Director of Nursing Position.

- There will be a Director of Nursing Position.

Please provide a copy of the professional credentials of the proposed medical director of the proposed program. If this physician is not already on board, please describe how the applicant intends to recruit the qualified medical director and other licensed staff members.

 The medical director shall be the Director of Nursing. A copy of professional credentials is attached to the Supplemental Application.

Has the applicant identified licensed practical nurses, home health aides, and registered nurses that will work below the medium average salaries in the region?

-Premier's proposed salaries were derived from data provided by the Tennessee Labor and Workforce Development website. Salaries at Premier will begin at entry level and rise to medium average salaries.

Please provide an overview of the Administrative Officer position and the reason why it is twice the salary of the RN supervisor position.

- The Administrative officer is the position that describes our Medical Director/Director of Nursing

Why is the RN supervisor position lower than the field registered nurse position?

- The RN Supervisor Position will also be help by one of the field register nurses.



22. Section C, Orderly Development, Item 7 (b)

The applicant will seek accreditation from the Accreditation Commission for Health Care. Please provide an overview of this accreditation.

- Joint Commission Accreditation for Home Health will help the agency to provide the highest level of care possible. The process will begin with a collaborative meeting to learn how Premier envisions its business to be run. The Accreditation Commission's experienced, solutions-oriented surveyors will then assess our standard compliance using their "patient tracer" process to more clearly see our strengths and weaknesses in real time and under typical business conditions. Throughout the process they will share best practices and provide hands-on learning opportunities. The process is concluded by the Accreditation Commission providing Premier's leadership team with a thorough, objective assessment and practical strategies for ongoing performance improvement. Also, Premier will utilize the Accreditation Commission's Deemed Status Accreditation Surveys for Medicare Certification, which will help the agency achieve Medicare certification in addition to accreditation.

23. Section C, Orderly Development, Item 7 (d)

Please provide a copy of the latest licensure/certification inspection with an approved plan of correction for the applicant's Personal Support Care Services line of business.

- A copy of the latest licensure / certification inspection with an approved plan of correction for the applicant's Personal Support Care Services line of business is attached.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." For this application the sixtieth (60th) day after written notification is October 17, 2016. If this application is not deemed complete by this date, the application will be deemed void. Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute



CATONDRIA BROWN

2855 Stage Village Cove Suite #5 Bartlett, Tennessee 38134 (901) 334-8972

Professional Experience

Chief Financial Officer (CFO) Premier Health Care April 2008 – Present

At Premier Health Care, our staff provides services to clients with mental and physical disabilities. We provide special services to take care of our hospice patients as well as their families. As the Chief Financial Officer, all of the day to day office operations are coordinated through my office which includes and not limited to all patients and employees. This is to ensure that all needs are met during the day to day operations. We maintain the philosophy of quality costs and lost analysis.

Branch Manager

Charterwest Mortgage 1998 - 2008

As Branch Manager, I was responsible for the daily operations of several Loan Officers, Clerical Associates, Closing Officers and a variety of many others to coordinate a smooth running office. Once the real estate market changed, the Charterwest Mortgage offices started closing.

Respiratory Department

Baptist Hospital

1994 - 1995

Internship

Education

Northwest Mississippi Community College

Graduate

1995

Associate Degree in Respiratory Therapy in Applied Science

Denison University

Granville, Ohio

Undergraduate 1 year

Central High School

Graduate

1985

Special Skills and Training

Licensure:

Department of Development and Intellectual Disabilities

Personal Care Support

Person Support Services Agency

SUPPLEMENTAL #1

TENNCARE STANDARD

Տ<u>զքք</u>թա<u>իզ ₂₀38₃-2</u>016 11:12 am

(Rule 1200-13-14-.01, continued)

- (110) PRIOR AUTHORIZATION shall mean the process under which services, except in emergency situations, must be approved by the TennCare Bureau or the MCC prior to the delivery in order for such services to be covered by the TennCare program.
- (111) PRIVATE DUTY NURSING SERVICES shall mean nursing services for recipients who require eight (8) or more hours of continuous skilled nursing care during a 24-hour period.
 - (a) A person who needs intermittent skilled nursing functions at specified intervals, but who does not require continuous skilled nursing care throughout the period between each interval, shall not be determined to need continuous skilled nursing care. Skilled nursing care is provided by a registered nurse or licensed practical nurse under the direction of the recipient's physician to the recipient and not to other household members. If there is more than one person in a household who is determined to require TennCare-reimbursed private duty nursing services, it is not necessary to have multiple nurses providing the services. A single nurse may provide services to multiple enrollees in the same home and during the same hours, as long as he can provide these services safely and appropriately to each enrollee.
 - (b) If it is determined by the MCO to be cost-effective, non-skilled services may be provided by a nurse rather than a home health aide. However, it is the total number of hours of skilled nursing services, not the number of hours that the nurse is in the home, that determines whether the nursing services are continuous or intermittent.
 - (c) Private duty nursing services are covered for adults aged 21 and older only when medically necessary to support the use of ventilator equipment or other life-sustaining medical technology when constant nursing supervision, visual assessment, and monitoring of both equipment and patient are required. For purposes of this rule, an adult is considered to be using ventilator equipment or other life-sustaining medical technology if he:
 - 1. Is ventilator dependent for at least 12 hours each day with an invasive patient end of the circuit (i.e., tracheostomy cannula); or
 - 2. Has a functioning tracheostomy:
 - (i) Requiring suctioning; and
 - (ii) Oxygen supplementation; and
 - (iii) Receiving nebulizer treatments or requiring the use of Cough Assist/ inexsufflator devices; and
 - (iv) In addition, at least one subitem from each of the following items (I and II) must be met:
 - (I) Medication:
 - Receiving medication via a gastrostomy tube (G-tube); or
 - II. Receiving medication via a Peripherally Inserted Central Catheter (PICC) line or central port; and
 - (II) Nutrition:



Table 21: Medicare and TennCare / Medicaid / VA Revenues

PayorMix Year One(2017)	Gross Revenue	% of Total Revenues
Medicare/Commercial	\$10,908.80	2%
Medicaid/TennCare	\$490,896	90%
VA	\$43,635.20	8%
Self-Pay	\$0.00	0%
Total	\$545,440	100%

SUPPLEMENTAL #1

HISTORICAL DATA CHART Fiscal Year Beginning January

September 28, 2016 11:12 am

	Year 2013	Year 2014	Year 2015
A. Utilization Data (Specify unit of measure)			
Quantity of Patients	13	15	16
B. Revenue from Services to Patients		8	
1. Inpatient Services			
2. Outpatient Services	\$325,700	\$346,000	\$370,000
3. Emergency Services			
4. Other Operating Revenue (Specify)			
Gross Operating Revenue	\$325,700	\$346,000	\$370,000
C. Deductions from Gross Operating Revenue			2
Contractual Adjustments			
2. Provisions for Charity Care			
3. Provisions for Bad Debt			\$1,500
Total Deductions	\$325,700	\$346,000	\$368,500
NET OPERATING REVENUE			
D. Operating Expenses			
1. Salaries and Wages	\$78,200	\$81,700	\$87,200
2. Physician's Salaries and Wages			
3. Supplies	\$6,200	\$7,100	\$8,000
4. Liability and Workman Compensation Insurance	\$9,516	\$9,516	\$9,516
5. Taxes	\$9,632	\$9,673	\$9,721
6. License Fee	\$1,080	\$1,080	\$1,080
7. Advertising			\$5,500
8. Furniture and Equipment			\$3,900
9. Rent	\$8,400	\$8,400	\$8,400
10. Telephone, Internet and Mobile phones	\$4,500	\$4,500	\$4,500
11. Healthcare Fair, Testing, Classes	\$3,000	\$3,000	\$3,000
12. Interest other than Capital			
13. Management Fees			
a. Fees to Affiliates Administrative Overhead			
b. Fees to Non-Affiliates			
14. Professional Fees	\$3,000	\$3,000	\$3,000
15. Other Expenses (Specify)			
TOTAL OPERATING EXPENSES	\$123,528	\$127,969	\$143,817
E. Other Revenue (Expenses) – Net (Specify)			
NET OPERATING INCOME (LOSS)			
F. Capital Expenditures			
1. Retirement of Principal			
2. Interest			
TOTAL CAPITAL EXPENDITURES			*:
NET OPERATING INCOME (LOSS)		19	4 6
LESS CAPITAL EXPENDITURES	\$202,172	\$218,031	\$224,683

SUPPLEMENTAL #1

PROJECTED DATA CHART Fiscal Year Beginning January

September 28, 2016 11:12 am

	Year	Year
	2017	2018
A. Utilization Data (Specify unit of measure)	13,440 Hrs/	21,000 Hrs/
	1120 Visits	1750 Visits
Quantity of Patients	16	25
B. Revenue from Services to Patients		
1. Inpatient Services		8
2. Outpatient Services	\$ 467,712/	\$730,800/
	\$77,728	\$121,450
3. Emergency Services	υ,	19.4
4. Other Operating Revenue (Specify)		
Gross Operating Revenue	\$545,440	\$852,250
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments		
2. Provisions for Charity Care		
3. Provisions for Bad Debt	\$3,000	\$3,000
Total Deductions	\$3,000	\$3,000
NET OPERATING REVENUE	\$542,440	\$849,250
€	e e	3 L
D. Operating Expenses		
1. Salaries and Wages	\$431,288	\$624,350
2. Physician's Salaries and Wages		*
3. Supplies	\$4,200	\$7,500
4. Liability and Workman Compensation Insurance	\$9,516	\$9,516
5. Billing Software	\$2,500	
6. Taxes	\$19,442	\$22,682
7. License Fee	\$1,080	\$1,080
8. Joint Accreditation (per 3 years)	\$9,000	
9. Depreciation (Computers, office equipment, and furniture)	\$7,500	\$7,500
10. Rent	\$8,820	\$9,000
11. Telephone, Internet and Mobile phones	\$4,500	\$4,500
12. Healthcare Fair, Testing, Classes	\$3,000	\$3,000
13. Interest other than Capital		
14. Management Fees		
a. Fees to Affiliates Administrative Overhead	\$70,000	\$70,000
b. Fees to Non-Affiliates		
15. Other Expenses (Specify)		
TOTAL OPERATING EXPENSES	\$570,946	\$759,128
E. Other Revenue (Expenses) – Net (Specify)		
NET OPERATING INCOME (LOSS)	¥	181
F. Capital Expenditures		
Retirement of Principal		
2. Interest	. B	** as \$
TOTAL CAPITAL EXPENDITURES		
NET OPERATING INCOME (LOSS)		3F 3F
LESS CAPITAL EXPENDITURES	(\$-28,406)	\$90,122



> CL XIII 327)

MY COMMISSION EXPIRES: December 10, 2016

AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF Shelby
NAME OF FACILITY: Premier Health Care, LC
I, Abrata Brown, after first being duly sworn, state under oath that I am the
applicant named in this Certificate of Need application or the lawful agent thereof, that I
have reviewed all of the supplemental information submitted herewith, and that it is true,
accurate, and complete. Signature/Title
Sworn to and subscribed before me, a Notary Public, this the and day of sept., 2016, witness my hand at office in the County of State of Tennessee.
My commission expires $\underline{\underline{\text{Dec}}}$ 10 , $\underline{\underline{\text{Jolb}}}$.
HF-0043 Revised 7/02 Revised 7/02



Coretta Jones

Memphis, TN cj4dst@bellsouth.net - 9018280477

Authorized to work in the US for any employer

WORK EXPERIENCE

RN CVICU/Medical ICU/Neuro ICU

St. Francis Hospital - Memphis, TN - January 1994 to Present

Responsibilities

Assessing patient's condition, planning and implementing patient care utilizing the nursing process. Assisting the physicians in performing procedures. Observing and recording accurate and precise charting. Pre and post operative teaching to patients and families. Act as a liaison between the patient, the patient's family and other healthcare professional's. Respect the values, belief and the rights of the patients. Critical think and act as a prudent nurse. Follow thospital protocols. Rapidly respond to emergency situations. Prepare, administer and records prescribed medications. Provide basic bedside care. Bespond to life-saving situations based upon nursing standard and protocols.

Accomplishments

Develop educational posters for the staff. Shift resource nurse. Teach peers during annual skills lab. Supper user for a variety of equipment such as CRRT machine, IABP, Ventriculostomy drain and etc. Achieving Clinical Excellence (ACE) Level 3 Clinical Mentor. Represent the floor during many community walks. Employee of the month several times. Preceptor for employees and students.

Skills Used

I demonstrate multiple sikills like leadership, organization, excellent and precise communication, critical thinker, decision-maker, team pllayer, knowledge, proficient in starting IV's, troubleshooting equipment and etc, charge 40 bed unit. BLS, ACLS and ASLS certified.

RN Staff

St.Francis Hospital - 1994 to Present

EDUCATION

Diploma of Nursing in Registered Nurisng

Baptist School of Nursing - 'Little Rock, AR 1991 to 1993

Presently Pursuing BSN

Western Governors University

CERTIFICATIONS

Basic Life Support (BLS)

August 2015 to August '2017

ACLS

February 2016 to February 2018



ASLC Advanced Stroke Life Support May 2016 to May 2017

Super Det teneurgter Je President, Paplist Medical System



We It Known That

Correttu Lushell Cunnon

so and the completed the preservibed course of study and has met certain standard and the semitaribilizate data

School of Augistred Aursing

In Testimony Whereaf are affixed the afficial seal and signatures of this system on this date

Aecember 17, 1993



Shribno Blancis

Pieretor, Naptist Schools of Nursing

Employee of the Month

This certificate is awarded to

Coretta Jones

As the Employee of the Month for April, 2011

3 Thompson ICU

Saint Francis Hospital-Memphis

Similing Sullway, NMgr. 5-5-

It's Your Life. Live It Well!

Saint Francis Hospital - Memphis

20 Year Service Award

Presented to

Coretta Cannon Jones

In Sincere Appreciation For Your Dedicated Service and Contributions

To

SAINT FRANCIS HOSPITAL - MEMPHIS

Presented this Tenth Day of November, 2014

David L. Archer, President and Chief Executive Officer



Customer Service Stats*

Diane Hamilton 5 Barry

On a very busy Sunday, Diane went to 5 Thompson to fill in because the floor had no secretary or charge murse. The cemsus from 5 Banny was high and the meed for assistance was great. Diane helped out until moom when the secretary came in. 5 Thompson really appreciated her assistance.

"Diane is always willing to go that extua mile to help her co-workers and other departments. I feel that she is a great example of Tanget 100!" Debra Coker, Nurse Manager.

Coretta Jones ICH

One of Coretta's patients had am elderly unouther who was unable to drive. On two occasions the mother had sommeome drive then no the hospital to wisit then som but didn't have a ride home, so Couetta drove her home.

On one occasion, Coretta noticed the mother had a patient ID om. She had been in the Emergency Room and didn't have a nide home so she was going to spend the night in the Waiting Room. Again, Concettra strepped im and drowe the mosther home so she wouldn't have to spend a long might in the Waiting Room



September 28, 2016 11:12 am





"Coretta is always going the extra mile, for her peers, patients, and their families. Coretta exemplifies Target 100," Nicole Sullivan, Nurse Managem.

FEBRUARY STANDARD OF **Environmental Awareness**



The Tanget 100 Standard for February "Environmental Awarremess" was brought to life this month by 6 Thompson.

Plictured to the left of the board are Nurse Pat Haire and Nurse Manager Marti Campbell, who collaborated on the theme "Have a Heart - Do Your Part." Pat made the theme come to life on the Taget 100 Standards board. It will remain posted until the end of February. Go by and take a look!

The Target 100 Standards & Communication Team coordimatters the Strandard and the board each month.



SUPPLEMENTAL #1

September 28, 2016 11:12 am

HEALTHCARE PROVIDER

Healthcare Provider



Coretia Jones

This cand centifies that the athore individual has successfully completted the cognitive and skills evaluations in accordance with the curriculum of the American Huart Association IBLS for Hitelithcase Providers (CPR and AED) Program.

8//28//115

Issauce Date

88//2/001177

(Recommendad) (Rereval) (Daite

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider



Coretta Jones

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the Armerican Head. Association Advanced Cardiovas cultar Life Support (ACLS) Program.

11/29/16

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Rencommended Renewel Dette

SERVICE OF THE WARREND BEDARROSS

EXPIRATION: DAVE

WICEWARD NO.

PREPAREMENT MADE

12/31/2017

MINIOTOTOTOTOTOTO

1850050577

THIS IS TO CERTIFY THAT:

MULTISTIANE

15 A DULL Y LICENSTON

REGISTERED NURSE

IN THE STATE OF THINKENDER AS REQUIRED BY THE TENNESSEE COME ANNOTATION

CASE NEW HELIOTED HOWHUS

COULT JONES



















Certificate of Completion

This is to Certify CORETTA JONES

has completed the course

"Rapid Regulatory Compliance: Climical I: Compliance, Ethics, Sexual Har.,
Patient Rights, Informed Consent, Adv.Directives, EMTALA, Grievances, Dev.
Appropriate Care, Cult.Competence, Restraint/Seclusion, Patient
Abuse/Assault/Neglect"

7//15//2016





Certificate of Completion

This is to Certify CORETTA JONES

has completed the course

"Rapid Regulatory Compliance: Climical II: Gem/Fire/Elec/Back/Rad./MRI Safety, Ergo, Lift/Transp, Slips/Trips/Falls, LatexAllergy, HazComm, WorkplaceViol_, EmergPrep, Imfec.Control:HAI, HandHyg, Bloodbonne, StdPrec_, Airbonne/Contact/Droplet Prec_, PPE"

7//15//2016













Certificate of Completion

This is to Certify
CORETTA JONES
has completed the course
"Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) Nursing Intervention Guide"

9/22/2016















Supplemental #2 -Original-

Premier Health Care, LLC

CN1608-027



State of Tennessee October 11, Health Services and Development Agency12:19 pm

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

October 10, 2016

Catondria Brown Chief Financial Officer Premier Health Care, LLC 2855 Stage Village Cove, Suite #5 Bartlett, TN 38134

RE:

Certificate of Need Application CN1608-027

Premier Health Care, LLC

Dear Ms. Brown,

This will acknowledge our September 28, 2016 receipt of your application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services in Fayette, Haywood, Madison, Shelby, and Tipton Counties. The principal office will be located at 2855 Stage Village Cove, Suite #5, Bartlett (Shelby County), TN.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 12:00 p.m., Monday, October 10, 2016. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

1. Section B, Project Description, Item I

It is noted Premier obtained a license with the Department of Intellectual and Developmental Disabilities to provide nursing care, physical therapy, occupational therapy, and speech therapy. However, a search of the Department of Intellectual and Developmental Disabilities' licensure web-site could not find a license for Premier. Please provide a copy of the referenced license, an overview of services provided, and latest survey. In addition, is this line of business included in the Historical Data Chart included in Supplemental #1?

 Premier does not currently hold a license with the Department of Intellectual and Developmental Disabilities. License was held in 2015 for nursing services.

October 11, 2016 12:19 pm

2. Section B, Project Description, Item II.C

The applicant states TennCare enrollment of 28% is based on the demographics of the population. Please provide the computations, data source, and how TennCare numbers can be higher than the actual enrollment.

There are 335,469 TennCare enrollees in the proposed service area. The total population of the proposed service area is 1,192,892 people. TennCare enrollment in the proposed service area, based on these numbers, is 28% of the total proposed service area population.

There are 335,469 TennCare enrollees in the proposed service area and 1,557,955 TennCare enrollees in the state of Tennessee. Based on this information the TennCare enrollment is 21.5% in the proposed service area compared to number of

enrollees in all counties of Tennessee.

Data obtained from "TennCare enrollment Report July 2016 and report form the Division of Planning and Assessment: Population Projections 2016

3. Section C, Need, Item 1.

It is noted the applicant solicited letters of support from physicians but could not The applicant did speak to a obtain support letters due to busy schedules. provider's office staff who expressed the need of an agency that could provide care quickly and efficiently. Please provide the name and location of the provider that applicant spoke with and if a support letter may be obtained.

- The provider's office was Boston Baskin Cancer Group; 29969 Kate Bond Rd., Suite # 100, Memphis, TN. 38133. Premier has not been able to obtain a support letter.
- 4. Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services)

It is noted the applicant did not provide a total as requested for the following table. Please revise and provide a total for the bottom row.

Existing Licensed HHA

	County of Parent Office	Date Licensed	y Declared Ser Total Counties authorized in license (# counties in PSA) *	2013 JAR Total patients served	2014 JAR Total patients served	2015 JAR Total Patients Served
Home Care Solutions-	Davidson	09-28-1988	ALL	1930	1689	1813
NHC Home Care- 00000291	Fayette	06-06-1983	8 (5)	226	301	421
Where the Heart is	Fayette	08-10-2005	3 (3)	116	104	1,044
Extendicare Home Tealth of West TN	Madison	06-18-1984	21 (5)	1085	832	1196
Accredo Health Group- 00000347	Shelby	05-09-1997	6 (4)	20	21	23
Alere Women's and Children's 00000459	Shelby	12-21-1998	23 (5)	417	376	438
Amedisys - 00000239	Shelby	06-03-1982	3 (3)	1060	1070	948
Amedisys Home Health -00000238	Shelby	2-29-1984	4(3)	936	837	737
Amedisys TN - 00000215	Shelby	04-24-1984	3 (3)	1934	1856	554
Americare Home Health-00000216	Shelby	01-24-1984	2 (2)	1811	1295	828
Baptist Trinity- 00000241	Shelby	06-26-1984	8 (3)	3862	3236	3169
Baptist Trinity Pv- 00000242	Shelby	09-06-1983	5 (4)	1	1	1
Best Nurses Inc- 00000621	Shelby	07-01-2008	3 (3)	364	176	9
CareAll HomeCare	Haywood	2014	14 (4)	N/A	N/A	786
Coram /CVS-00000627	Shelby	2015	25 (5)	N/A	N/A	4
Family Home Health- 00000229	Shelby	03-10-1977	2 (2)	379	428	504
Functional Independence- 00000610	Shelby	08-13-2004	3 (3)	953	1494	1915
Hemophilia Preferred Care-00000625	Shelby	07-29-2015	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee- 00000227	Shelby	05-02-1984	4 (3)	1010	754	577
HomeChoice Health Services-00000240	Shelby	03-05-1984	6 (4)	861	3201	2372
Interim HealthCare	Shelby		3 (3)	769	724	N/A
Intrepid USA HealthCare-00000214	Shelby	10-09-2007	3 (3)	605	522	565
Maxim HealthCare Services, Inc-0000061	Shelby	10-09-2007	6 (5)	155	173	275
Methodist Alliance Home Care-00000233	Shelby	07-01-1988	3 (3)	3179	3363	1653

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Meritan Inc-00000237	Shelby	07-25-1977	1 (1)	609	632	652
No Place Like Home-	Shelby	07-01-2005	3 (3)	58	80	80
Quality Home Health 00000224	Shelby	12-03-1981	6 (4)	79	204	291
Still Waters Home Health-00000616	Shelby	07-01-2006	1 (1)	101	71	58
Willowbrook Visiting Nurses- 00000244	Shelby	05-12-1976	6 (4)	479	499	561
Elk Valley- 00000042	Davidson	07-17-1984	ALL	277	293	457
Total - 30				23,276	24,232	21,931

^{*} show the # of all counties for each HHA. The # of counties in the applicant's primary service area (PSA) should be shown separately in the

Based on the need formula where there is a surplus of 4,334.6 patients, please discuss why the applicant feels there is a need for an additional home health service agency at this time.

Premier's availability in the proposed service area will improve patient's accessibility to specialized home care. Although the projections of need for this project for CON purposes a surplus, the perceptions of local skilled nurses and other professionals who are aware of patient access issues on a daily basis should be given great consideration. This project will provide a new option and expanded access of skilled care for TennCare patients and pediatric patients with complex medical conditions

5. Section C, Need, Item 4.A. and 4.B.

Your response to the following item is noted. The TennCare Enrollees as a % of total population appears to be incorrect for each of the proposed service area counties. For example the percentage of TennCare enrollees as a % of total in Fayette County equals 20.7% (2016 population of 34,967/7254 TennCare enrollees). Please complete the following portion of the table.

Variable	Fayette	Haywood	Madison	Shelby	Tipton	Service Area	Tennessee
TennCare Enrollees as a % of Total Population	16.25%	33.19%	25.48%	29.32%	21.44 %	28.12%	22.87%

October 11, 2016 12:19 pm

6. Section C, Need, Item 5---Private Duty Home Health

It is noted the applicant did not provide a total as requested for the following tables. Please revise and provide a total for the bottom row.

Most Recent Year Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service

HHA	Skilled Nursing (patients/hours)	Home Health Aide (patients/hours)	Licensed PT,OT and Speech Therapy (patients/hours)	Other (specify)	Total-all Disciplines (patients/hours)
Total					

2nd Most Recent Year Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area

	ce Area	Home health	Licensed	Other	Total-all
ННА	Skilled Nursing (patients/hours)	aide (patients/hours)	PT,OT and Speech Therapy (patients/hours)	(specify)	Disciplines (patients/hours)
Total					

3rd Most Recent Year Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area

HHA	Skilled Nursing (patients/hours)	Home health aide (patients/hours)	Licensed PT,OT and Speech Therapy (patients/hours)	Other (specify)	Total-all Disciplines (patients/hours)
Total					

October 11, 2016 12:19 pm

Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area

IHA	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker/Medical Social Services	Total All Disciplines (patient hours)
lk Valley	769,895	93,395	0	0	863,290
Iome Care Solutions	191,277	94,617	** N/R no hrs reported	0	285,894
IHC Home Care	**N/R	**N/R	**N/R	**	**
Where the Heart is	280	0	0	0	280
extendicare Home Health	183	27	281	3	505
Accredo Health Group	**	**	**	**	**
Alere Women's and Children's	5461	0	0		5461
Amedisys - 146	**	**	**	**	**
Amedisys Home Health	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	**	**	**	**	**
Best Nurses Inc	730	29,170	0	0	29,900
Coram /CVS	11	0	0	0	11
Family Home Health	**	**	**	**	**
Functional Independence	11,382	0	0	0	11,382
Hemophilia Preferred Care	N/A	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee	193,725	140,227	0	6,058	340,010
HomeChoice Health Services	11,792	30,356	0	10,001	52,149
Intrepid USA HeaothCare	**	**	**	**	**
Maxim HealthCare Services, Inc	264,266	111,040	0	0	375,306
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	451,132	20,416	0	0	471,548
Quality Home Health/Extended Care	**	**	**	**	**
Still Waters Home Health	**	**	**	**	
Willowbrook Visiting Nurses	**	**	**	**	**
Total: 27	1,900,134	519,248	281	16,062	2,435,736

October 11, 2016 12:19 pm

2nd Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area

	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker	Total All Disciplines (patient hours)
ik Valley	**	**	**	**	**
Iome Care Solutions	180,130	112,680	0 hrs reported	0	292,810
VHC Home Care	**	**	**	**	**
Where the Heart is	18,441	10,646	0	0	29,087
Extendicare Home Health of West TN	**	**	**	**	**
Accredo Health Group	**	**	**	**	0
Alere Women's and Children's	4556	0	0	0	4556
Amedisys - 146	**	**	**	**	**
Amedisys Home Health	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	**	**	**	**	**
Best Nurses Inc	**	21,215	**	64	21,379
Coram /CVS	0	0	0	14,976- N/S – No specification	14,976
E T. Hama Hoghth	**	**	**	**	**
Family Home Health	**	**	**	**	**
Functional Independence		N/A	N/A	N/A	N/A
Hemophilia Preferred Care				6,956	299,766
Home Health Care of West Tennessee	180,130	112,680	0		
HomeChoice Health Services	16,943	85,623	0	5,685	108,251
Intrepid USA HeaothCare	**	**	**	**	**
Maxim HealthCare Services, Inc	199,789	83,983	0	2,200	285,972
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	286,440	9,490	0	0	295,930
Quality Home Health/Extended Care	**	**	**	**	**
Still Waters Home Health	**	**	**	**	**
Willowbrook Visiting Nurses	**	**	**	**	**
Total	886,429	436,317	0	29,817	1,352,727

^{**} Notes Agencies with no patient hours reported
N/S notes where agency did not specify discipline
N/R notes not reported, N/A not no information available

October 11, 2016 12:19 pm

3rd Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area

	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker	Total All Disciplines (patient hours)
ik Valley	614,887	114,178	0		729,065
Tome Care Solutions	N/A	N/A	N/A		N/A
JHC Home Care	O hrs – 5017 visits	0 hts-1260 visits	Ohrs -1892 visits		8223 visits 0 hrs
Where the Heart is	90,340	936		19,448	110,724
Extendicare Home Health of West TN	**	**	**	**	**
Accredo Health Group	0	0	0	12	12hrsN/S
Alere Women's and Children's	4821	0	0	0	4821
Amedisys - 146	**	**	**	**	**
Amedisys Home Health	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	4288	0	178	0	4466
Best Nurses Inc	23	4,397	0	0	4420
Coram /CVS	98	0	0	0	98
Family Home Health	**	**	**	**	**
Functional Independence	**	**	**	**	**
Hemophilia Preferred Care	N/R	N/R	N/R	N/R	N/R
Home Health Care of West Tennessee		94,617	0	6,977	292,871
HomeChoice Health Services	4,732	45,705	0	23,774	74,211
Intrepid USA HeaothCare	**	**	**	**	**
Maxim HealthCare Services, Inc	171,065	66,346	0	0	237,411
Methodist Alliance Home Care	**	**	**	**	
No Place Like Home	272,002	9,828	0	0	281,830
Quality Home Health/Extended	**	**	**	**	**
Still Waters Home Health	**	**	**	**	
Willowbrook Visiting Nurses	**	**	**	**	**
Total - 27	1,355,810	336,007	178	50,211	1,739,917

^{**} Notes agencies with no reported patient hours
N/S notes agency did not specify discipline
N/R notes not reported

N/A notes no information available

October 11, 2016 12:19 pm

7. Section C, Need, Item 6

Please provide the details regarding the methodology used to project 16 patients during the first year of operation and 25 patients during the second year of operation. The methodology must include detailed calculations or documentation from referral sources.

There are currently 335,469 TennCare enrollees in the projected service area. Due to the Affordable Care Act we feel there may be an increase in the number of enrollees. There is no specific open enrollment date and TennCare will accept applications all year; therefore, there is no fear for enrollees applications being

voided due to closed enrollment.

There was a 7% increase in TennCare enrollment in the projected service area from July 2015 to July 2016. In the projected service area there was an increase of 22,082 enrollees from July 2015 to July 2016. Using this data from the TennCare enrollment reports, Premier's methodology includes provision for a 7% increase in TennCare enrollees from July 2016 to July 2017. 335,469 enrollees x 7% increase would mean an increase of 23,482 enrollees (which would total 358,951 projected enrollees in the proposed service area). Premier's projected patients for first year of operation is less than 1% of the increased number of enrollees in the service area. In year two the same methodology was used. 358,951 projected enrollees x 7% projected increase would mean an increase of 25,126 enrollees in the projected service area.

-Please explain why the applicant is projecting a commercial payor mix of 10% in Year Two, but not in Year One.

-The projections have been updated to reflect a commercial payor mix in Year One.

8. Section C. Economic Feasibility Item 4. (Historical Data Chart and Projected Data Chart)

Historical Data Chart

The historical data indicating the number of patients that were served in 2013-2015 on line A. Utilization Data is noted. The number of patients served in 2015 by the applicant matches the number projected in Year 2 of the proposed project. How many patients the applicant serves as their personal care services provider does the applicant expect to serve in Year One as a home health provider?

The number of patients Premier served as a Personal Care Services provider matches the number projected in year one of the proposed project. Premier projects to serve at least 50% of its personal care service patients as their home health provider in Year One.

It is noted the Salaries and wages in the amount of \$87,200 represented a full time director, 2 full time staff coordinators, and a part-time office worker. Please clarify what positions provided patient services for the Personal Services Agency.

Home Health Aides provided patient services and RN's performed supervisory visits.

October 11, 2016 12:19 pm

Projected Data Chart

- Please clarify if vehicles, maintenance and mileage are accounted for in the Projected Data Chart.
- Vehicle, maintenance and mileage are not accounted for.

It is noted \$70,000 is allocated to "administrative overhead" in Year One and Year Two is allocated to an Administrator, Staff Coordinator, Recruiter, and Payroll Clerk. However, please clarify the reason this expense is not accounted in salaries and wages line in the Projected Data Chart.

This line (Fees to Affiliates / Administrative Overhead) is used to show additional fees outside of patient care staff that may be incurred by management as the company expands and grows.

- It appears total operating expenses total \$570,846 in Year 2017, not \$570,946. Please correct and also correct the Net Operating Income amount as a result of the total operating expense line correction.
- Please see the attached correction.

9. Section C, Economic Feasibility, Item 5

Your response is noted. Please complete the following table identifying the project's gross charge, average deduction from operating revenue, and average net charge per patient day. The applicant should divide the total patient days in Year One of the Projected Data Chart into the total gross charges, deductions from operating revenue total, and total net charges to calculate the charges.

	Year One	Year Two
Average Gross Charge (Gross charges/total patients)	\$545,440/16 = \$34,090	\$852,250/25=\$34,090
Average Deduction (Total Deductions/total patients)	\$3,000 / 16 = \$187.5	\$3,000 / 25 = \$120.00
Average net Charge Total Net Operating Revenue/total patients)	\$542,440/16 = \$33,902.5	\$849,250/25=\$33,970

Ms. Catondria Brown October 10, 2016 Page 11 October 11, 2016 12:19 pm

10. Section C, Economic Feasibility, Item 6.B.

The key to agencies appear to not respond to the listed home health agencies listed in Table 20. Please revise and submit a replacement page.

Please see replacement page attached.

11. Section C, Economic Feasibility, Item 8

It is noted the applicant has \$45,000 in reserves to shore up any shortfall in revenue. It is also noted the applicant will experience a loss of \$28,406 in Year One. Please discuss how the reserve will cover expenses and any unexpected expenses in the beginning of Year 2.

Please provide documentation from a financial institution of the availability of \$45,000 in reserves.

Unable to get letter from financial institution with a balance on it. It is First Tennessee's policy not to release letters concerning their customer's accounts. The policy is such that customers must an order for a letter to be received by their account holders to show proof that a customer does in fact have an account with their financial institution but they expressed that there will be no reflection of balances referenced in such letter.

12. Section C, Economic Feasibility, Item 9

It is noted the applicant will not provide charity care and will serve 25 patients in year One. However, the Projected Data Chart reflects 16 patients will be served in Year One. Please clarify.

Premier has projected to serve 16 patients in Year One and 25 patients in Year Two. Updated Projected Data Chart reflects projections.

13. Section C, Economic Feasibility, Item 10

The referenced audited financial statements could not be found. Please provide as an attachment to this supplemental response.

Please see attached Audited Financial Statement

14. Section C, Orderly Development, Item 4

Please provide a copy of all licenses for Premier Health Care.

Please see attached Personal Care Support Services License.

15. Section C, Orderly Development, Item 7 (d)

Please provide a copy of the latest licensure/certification inspection with an approved plan of correction for the applicant's Personal Support Care Services line of business.

Ms. Catondria Brown October 10, 2016 Page 12 October 11, 2016 12:19 pm

 The State of Tennessee no longer provides a copy of the approved plan of corrections according to Henrietta Jones, West TN Licensure Surveyor. A letter has been requested by Premier to support approval of plan of corrections.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void."

For this application the sixtieth (60th) day after written notification is October 17, 2016. If this application is not deemed complete by this date, the application will be deemed void. Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Resubmittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the <u>next review cycle</u>, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. ∋ 68-11-1607(d):

- (1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.
- (2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Phillip M. Earhart HSD Examiner

PME

SUPPLEMENTAL #2

October 11, 2016 12:19 pm

PROJECTED DATA CHART Fiscal Year Beginning January

October 11, 2016 12:19 pm

	Year 2017	Year 2018
	13,440 Hrs/	21,000 Hrs/
A. Utilization Data (Specify unit of measure)	1120 Visits	1750 Visits
Quantity of Patients	16	25
3. Revenue from Services to Patients		
Inpatient Services		
2. Outpatient Services	\$ 467,712/	\$730,800/
2. 004	\$77,728	\$121,450
3. Emergency Services		
Other Operating Revenue (Specify)		
Gross Operating Revenue	\$545,440	\$852,250
C. Deductions from Gross Operating Revenue .		
Contractual Adjustments		
2. Provisions for Charity Care		
3. Provisions for Bad Debt	\$3,000	\$3,000
Total Deductions	\$3,000	\$3,000
NET OPERATING REVENUE	\$542,440	\$849,250
D. Operating Expenses	\$431,288	\$624,350
Salaries and Wages	p.102,200	7.5.7
Physician's Salaries and Wages	\$4,200	\$7,500
3. Supplies	\$9,516	\$9,516
Liability and Workman Compensation Insurance	\$2,500	73/320
5. Billing Software	\$19,442	\$22,682
6. Taxes	\$1,080	\$1,080
7. License Fee	\$9,000	91,000
8. Joint Accreditation (per 3 years)	\$7,500	\$7,500
Depreciation (Computers, office equipment, and furniture)	\$8,820	\$9,000
10. Rent	\$4,500	\$4,500
11. Telephone, Internet and Mobile phones	\$3,000	\$3,000
12. Healthcare Fair, Testing, Classes	33,000	75,000
13. Interest other than Capital		
14. Management Fees	\$70,000	\$70,000
a. Fees to Affiliates Administrative Overhead	\$70,000	370,000
b. Fees to Non-Affiliates	1 1	
15. Other Expenses (Specify)	570,846	\$759,128
TOTAL OPERATING EXPENSES	0,0,040	7733,50
E. Other Revenue (Expenses) – Net (Specify)		-
NET OPERATING INCOME (LOSS)		-
F. Capital Expenditures		
Retirement of Principal		
2. Interest TOTAL CAPITAL EXPENDITURES		
NET OPERATING INCOME (LOSS)		
LESS CAPITAL EXPENDITURES	(-28,406)	\$90,122

October 11, 2016 12:19 pm

C.1. – NEED

- 6. The proposed charges shall be reasonable in comparison to the charges of other similar facilities in the proposed service area or in adjoining service areas.
 - a. The average cost per visit by service category shall be listed.

Table: 7 Cost & Charge Comparisons With Service Area Agencies That Provide Similar Services

Agency	Cost Per	Visit	Charge P	er Visit	Cost Per	Hour	Charge P	er Hour
rigonoy	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide
1	N/R	N/R	\$79	\$40	N/R	N/R	\$35	\$22
2	60	\$24	\$98	\$40	N/R	N/R	N/R	N/R
3	N/R	N/R	\$93	\$38	N/R	N/R	N/R	N/R
4	\$123	\$56	\$121	\$55	N/R	N/R	\$33	\$20
5	\$108	\$47	\$66	\$20	N/R	N/R	\$15	\$9
6	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25
Premier Proposed Agency 2016- 2017	\$47	\$17	\$80	\$27	\$31.50	\$11	\$38	\$22

Source: 2015 Joint Annual Reports; and Premier management

- Key to Agencies
 - 1. Elk Valley Health Services Davidson; ID 19494
 - 2. Where The Heart Is Fayette: ID 24036
 - 3. Functional Independence Shelby: ID79496
 - 4. Home Health Care of West Tennessee, Inc. Shelby: ID79486
 - 5. Homechoice Health Services Shelby: ID 793676
 - 6. Maxim Health Care Service Shelby: ID 79536
 - 7. No Place Like Home Shelby: ID 79506

October 11, 2016 12:19 pm

VERB: The Ultimate Action Word 3125 Monterrey Square Memphis, Tennessee 38111

Audited Report

To the Director of: Premier Health Care

We have audited the accompanying financial statement of Premier Health Care which is comprised of a financial statement year ending December 31, 2015.

Our audit was also conducted in accordance with generally accepted auditing principles. These standards require that the audit be planned and conducted so as to provide a reasonable degree of certainty that there are no major inaccuracies in this report on costs. The audit includes review of documents contained in this report.

As is the case in many organizations of this kind, Premier Health Care's income was a review of the deposits reported in the books. In our opinion, this audited report faithfully reflects every major respect the accumulated costs Premier Health Care financials during the period of 2015 in accordance with general accepted accounting principles.

Vernola Buchanan

VERB: The Ultimate Action Word

September 19, 2016

PREMIER HEALTH CARE 2855 Stage Village Cove Bartlett, Tennessee TN 38134

October 11, 2016 12:19 pm

FINANCIAL STATEMENT

Year Ending December 31, 2015

Revenue	\$370,000
TOTAL REVENUE	\$370,000
Expenses	
Salaries and Wages	\$87,200
Supplies	\$8,000
Liability Insurance and Workman Compensation Insurance	\$9,516
Taxes	\$9,721
License Fee	\$1,080
Advertising	\$5,500
Furniture and Equipment	\$3,900
Rent	\$8,400
Telephone, Internet and Mobile phones	\$4,500
Healthcare Fair, Testing, Classes	\$3,000
Bad Debt	\$1,500
Professional Fees	\$3,000
TOTAL OPERATING EXPENSES	\$145,317
NET OPERATING INCOME (LOSS)	\$224,683

October 11, 2016 12:19 pm

STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES



LICENSE

THE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

PREMIER HEALTH CARE LLC

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF MENTAL HEALTH, PERSONAL SUPPORT, OR ALCOHOL AND DRUG ABUSE SERVICES:

Premier Health Care

(Name of Facility or Service as Known to the Public)

2855 Stage Village Cove, Suite #5, Bartlett, TN 38134

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED.

	Accessible to mobile, non-	Approved for persons w		
License Category	ambulatory individuals	hearing loss	vision loss	Capacity
Personal Support Services Agency	n/a	n/a	n/a	n/a

August 19, 2016

Effective Date

October 30, 2016

Date License Expires

L000000018883

License Number

Commissioner of Mental Health and Substance Abuse Services

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.



October 11, 2016 12:19 pm



October 17, 2016,

To Whom It May Concern,

Premier Health Care LLC, was inspected by the TDMHSAS Office of Licensure on July 28, 2016. At the time of inspection there were four (4) deficiencies noted related to documentation. As of August 10, 2016 Premier Health Care has submitted their plan of correction and it has been approved. The license for Premier Health Care is set to expire 10/31/2016. Before the end of the month that license will be renewed in full with the department.

If you need any additional information please do not hesitate to contact me.

Thank You.

Nicole Rivers- Regional Manager

TDMHSAS Office of Licensure

951 Court Ave

Memphis TN 38103



October 11, 2016 12:19 pm

STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

West Tennessee Regional Office of Licensure

BH 1, 1745 LASE

951 Court Avenue MEMPHIS, TENNESSEE J8103

F DOUGLAS VARNEY COMMISSIONER

GOVERNOR

LICENSURE NOTICE OF NON-COMPLIANCE

TO: Premier Health Care LLC 2843 Stage Center Drive Bartlett, TN 38134

DATE OF NOTICE: July 29, 2016 Page 1 of 3

FACILITY IN NON-COMPLIANCE:

Premier Health Care 2843 Stage Center Drive, Suite #4 Plan of Compliance due by: 8/12/16

EVENT & DATE RESULTING IN THIS NOTICE: Annual Inspection

Bartlett, TN 38134

Sits ID 1989

July 28, 2016

NOTICE TO LICENSEE: The facility above has been found to be non-compliant with the rule(s) listed herein. You must provide a plan for complying with each rule cited. Your plan of compliance may be specified in the space provided below or by separate document. If a separate document, your plan should reference each rule by item or rule number, must include the date by which you will be compliant, and an authorizing signature. Your plan must be received by the TDMHSAS regional office listed above by the date indicated herein.

PLEASE RETAIN A COPY OF YOUR PLAN OF COMPLIANCE UPON SUBMISSION IT WILL NOT BE RETURNED TO YOU BY THIS OFFICE

Re-inspection may be conducted to verify compliance. With re-inspection, you will incur a \$50 re-inspection fee.

344	COLE PLAN OF COMPLIANCE MUST BE RELUXORED TO A SECTION AND THE REPORT OF THE PROPERTY OF THE P	1.0 569
itsu)	Rule Number Rule Description: a Findings	5.000
	0940-5-38 Personal Support Services Agencies	7
	0940-5-38-,05 GOVERNANCE REQUIREMENTS	-
Ī	0940-5-3805(3) The licensee shall exercise general direction over the agency and establish policies governing the operation of the agency and the welfare of service recipients.	1
Ť.	The agency's policy stated the supervisor would document bi-monthly visit to service recipients homes. At the time of inspection there was no documentation to support the visits were being done.	
	Licensee's Planned Date of Completion: 0 \$100100 Completion: 0 \$1000 Completion: 0 \$10000 Completion: 0 \$1000 Completion: 0 \$10000 Completion: 0 \$10000 Completion:	
	Licensee's Planned Date of Completion: 05/10/10/ Licensee's Plan of Compliance (use a separate page if more space is needed): Please See attached pase for correction Plans Plans O940-5-38-06 Policies and Procedures	
	The licensee shall maintain written policies and procedures that include the following:	
	The licensee shall maintain written policies and procedures that made the tolerange. 0940-5-38-,06(1)(k) Access by department licensure staff to personal support services workers to discuss investigation of any service provided under this chapter.	_
2	The policy and procedure manual did not include a policy stating the agency would give access by department licensure staff to personal support services workers to discuss investigation of any service provided under this chapter.	
	Licensee's Planned Date of Completion: 08/10/10	1
	Place See attacked page for correction plans	

Phone: (901)543-7442

Fax: (844)844-5538

tem Rule Number

October 11, 2016 0940-5-38 Personal Support Services Agencies

Licensee's Plan of Compliance (use a separate page if more space is needed) The licensee shall maintain written policies and procedures that include the following: 0940-5-38-.05(1)(n) Policies to address use of devices such as a hoyer lift or gail belt, after training, to assist the service recipient in getting out of or into bed, a chair, toilet or shower but not as part of a therapeutic regimen. Licensee did not have a policy addressing the use and training of a hoyer lift or gait belt. Licensec's Planned Bate of Completion: Licensee's Plan of Compliance (use a separate page if more space is not Please see altacht pay of correction 0940-5-38-.10 SERVICE RECIPIENT RIGHTS The following rights shall be afforded to all individuals receiving personal support services from the licensee 0940-5-38-.10(1)(a) Service recipients have the right to be fully informed before the initiation of services about their rights and responsibilities and about any limitation on these rights imposed by the rules of the licensee. The licensee shall ensure that the service recipient is given oral and/or written rig hts information that includes at least the following: A statement of the specific rights guaranteed the service recipient by these rules and applicable state laws; A description of the licensee's grievance procedures; 3. A listing of available advocacy services; and 4. A copy of all agency rules and regulations pertinent to a service recipient. The information shall be presented in a manner that promotes understanding by a service recipient of his or her rights, and the individual shall be given an opportunity to ask questions about the information, if a service recipient is unable to understand the information at the time of admission to service but later becomes able to do so, the information shall be presented to a service recipient at that time. If a service recipient is likely to conlinue indefinitely to be unable to understand the information, the licensee shall promptly attempt to provide the required information to a guardian or other appropriate person or an agency responsible for protecting a service (2) To ensure all service recipients are informed of the grievance procedure and the right to file a grievance with the Office of Licensure the agency requires service recipients to sign a copy of the Licensure 1-800 posture. In the record of T. Watkins there was no signed posture indicating he was made aware of the right to file a grievance with the Office of Licensure. Licensee's Planued Date of Completion 0 8 / 10 / 16 Please see attached page for correction Licensse's Plan of Compliance (use a separate page if more space is needed):

NOTICE TO: Premier Health Care LLC

Please contact me if you have questions.

SIGNATURE OF LICENSEE OF AUTHORIZED AGENT

Date: 07/29/2016 Page 3 of 3

October 11, 2016

West Tennessee Surveyor

NOTICE TO LICENSEE: Please note that the finding of deficiencles herein may subject you to Department Issued civil penalties, pursuant to Tenn. Code Ann. § 33-2-409. Civil penalties are issued based off of the severity of the violation(s) or the repeat offense of such violation(s). A department representative will contact you, pursuant to Tenn. Code Ann. § 33-2-411, if you are subject to such a sanction.

October 11, 2016 12:19 pm

PREMIER HEALTH CARE, LLC 2855 STAGE VILLAGE COVE, SUITE # 5 BARTLETT, TN. 38134

PLAN OF CORRECTION FOR NON-COMPLIANCE

- Premier Health Care has written policy that agency shall document monthly supervisory calls to service recipient's homes. 08-10-2016
- The Policy and Procedure Manual shall state that Premier shall give access to Department Licensure Staff to personal support services workers to discuss investigation of any service provided under this chapter. 08-10-2016
- 3. Premier shall have policy addressing the training and use of a hoyer lift or gait belt. 08-10-2016
- 4. Premier shall ensure all service recipients are informed of the grievance procedure and the right to file a grievance with the Office of Licensure. Premier shall require service recipients to sign a copy of the licensure 1-800 posture. Tomeka Watkins' file shall have a signed posture indicating she was made aware of the right to file a grievance with the Office of Licensure. 08-10-2016

October 11, 2016 12:19 pm

AFFIDAVIT

STATE OF TENNESSEE COUNTY OF <u>Shelb</u> Premier Health Can LLC NAME OF FACILITY: atondria bnwh, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete. Signature/Title Sworn to and subscribed before me, a Notary Public, this the 10 day of 0ct State of Tennessee. witness my hand at office in the County of 10, (2016) 2016. My commission expires

HF-0043

Revised 7/02



Regions Bank Bartlett 6231 Stage Rd Bartlett, TN 38134 (901) 385-5900 October 11, 2016

12:19 pm



10/07/2016

Catondria Brown Premier Healthcare LLC 2855 Stage Village Cv Suite #5 Bartlett, TN 38134

Re: Acct 0238406853

Dear Ms. Brown:

Thank you for banking with Regions. We hope we make it evident each time you stop by one of our branches that we consider you more than just a checking customer. At Regions, we think you deserve to expect more. That's why every time you visit us, it is our goal to see that you receive the face-to-face personal attention you deserve in a banking relationship.

As your priorities and financial needs change, you want to know that the quality and dependability of your bank remain the same. When it's time to buy a home, finance a college education, start a new business, or review your investment decisions, you will have a banking relationship to build upon, and people you know and trust to help you. At the Bartlett Branch, we are here to answer questions, explain services and help you feel good about your financial decisions.

Again, thank you as always for choosing Regions, and I look forward to seeing you soon.

Sincerely,

Jordan Hewitt Branch Team Leader

Member FDIC.